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Sex Offender Management Assessment and Planning Initiative

SMART
Office of Sex Offender Sentencing, Monitoring,
Apprehending, Registering, and Tracking

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Kevin Baldwin, Ph.D., is a clinical psychologist with a dual emphasis on research and forensics. A senior researcher at Applied Research Services, a national consulting firm specializing in criminal justice research and policy analysis, Dr. Baldwin also serves as Director of Forensic Services at the Highland Institute — Atlanta, an outpatient clinic specializing in the assessment and treatment of people with sexual behavior problems. He has directed federally funded research projects, authored more than a dozen articles in peer-reviewed journals and has both designed and evaluated substance abuse treatment programs. He has provided evaluation and technical assistance to various problem-solving courts, including family drug courts, mental health courts and child support courts. He also performs forensic examinations for state and federal courts and probation/parole authorities, serves as an expert witness in both juvenile and adult courts, and has worked in both inpatient and community-based mental health settings. Dr. Baldwin is a frequent presenter at regional and national conferences and has provided training and technical assistance to treatment and court staff in various settings. He earned his Ph.D. at Georgia State University after completing an adult forensic internship at the University of North Carolina at Chapel Hill School of Medicine and the Federal Bureau of Prisons.

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Susan Faupel, M.S.W., has been the Training Director for the Illinois Coalition Against Sexual Assault (ICASA) since 2001. In this capacity, Ms. Faupel is responsible for the development, coordination and implementation of mandated trainings for statewide sexual assault staff, including counselors, advocates, educators and managers. She also coordinates ICASA's annual statewide sexual assault conference and develops and coordinates training with other professional allied organizations, including the Illinois Department of Human Services, Illinois Department of Children and Family Services and others.

Prior to directing ICASA's Training Institute, Ms. Faupel directed ICASA's Sexually Aggressive Children and Youth Project with the Illinois Department of Children and Family Services from 1995 to 2001. This involved developing and implementing standards to guide the department's response to children and youth with sexual behavior problems as well as developing and implementing training for all departmental staff. She is a past member of the Illinois Sex Offender Management Board of the Illinois Attorney General's office.

Ms. Faupel is an outspoken and passionate activist against violence in all forms, especially violence directed toward women, children and disenfranchised populations. She conducts statewide and national presentations on issues related to sexual violence and other issues of oppression. She has worked actively in the movement opposing violence against women and children since 1981, providing direct services and program management in local domestic violence and sexual assault programs in Arkansas, Kentucky and Illinois. In 1987, Ms. Faupel, then Program Director of A Woman's Place in Urbana, Illinois, walked more than 600 miles from Chicago to the capital in her home state of Arkansas to celebrate the work of the domestic violence and sexual assault movements and to raise awareness about violence against women and children.

Tom Leverage

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Tom Leverage is a licensed clinical social worker with 39 years of clinical and administrative experience in the Colorado Division of Youth Corrections and in private practice. He retired from the Division of Youth Corrections in July 2008 and is currently an adjunct professor at the University of Denver Graduate School of Social Work. He has more than 30 years of experience working with sexually abusive youth. Mr. Leverage developed the Moving Beyond Sexually Abusive Behavior group therapy curriculum and student manual and co-edited/authored the third edition of *Juvenile Sexual Offending: Causes, Consequences, and Correction* with Gail Ryan and Sandy Lane. He also has written journal articles and chapters in numerous books. Mr. Leverage was presented the National Adolescent Perpetration Network's Pioneer Award in 2005 for his "21 years of unique contributions to prevent perpetration of sexual abuse." He continues to provide clinical services, consultation and training focused on juveniles who have committed sexual offenses. Mr. Leverage is a member of the Colorado Sex Offender Management Board and the Board of ATSA.

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Section 1, Chapter 2: Etiology of Adult Sexual Offending

Section 1, Chapter 8: Sex Offender Management Strategies

Section 2, Chapter 1: Unique Considerations Regarding Juveniles Who Commit Sexual Offenses

Section 2, Chapter 3: Recidivism of Juveniles Who Commit Sexual Offenses

Section 2, Chapter 6: Registration and Notification of Juveniles Who Commit Sexual Offenses

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Mr. Lobanov-Rostovsky would like to acknowledge the assistance of Roger Przybylski for his guidance in preparing the chapter on recidivism in Section 2.

Roger Przybylski

Introduction

Section 1, Chapter 2: Etiology of Adult Sexual Offending

Section 1, Chapter 5: Adult Sex Offender Recidivism

Section 1, Chapter 7: Effectiveness of Treatment for Adult Sex Offenders

Section 2, Chapter 1: Unique Considerations Regarding Juveniles Who Commit Sexual Offenses

Section 2, Chapter 5: Effectiveness of Treatment for Juveniles Who Sexually Offend

Roger Przybylski is a consultant and founder of RKC Group, a private company that provides applied research, program evaluation and training and technical assistance services to public, private and nonprofit organizations working on public safety issues. Prior to forming RKC Group in 1997, Mr. Przybylski held research and management positions in criminal justice agencies at both the state and local levels. He most recently served as Associate Director for the Illinois Criminal Justice Information Authority, where he directed the agency's research division. He also has served as coordinator of research for the Chicago Police Department, the nation's second-largest local law enforcement agency. Mr. Przybylski is a past president of the Justice Research and Statistics Association (JRSA) and a current member of JRSA's Executive Committee. He also serves as chairman of the American Evaluation Association's crime and justice interest group. Mr. Przybylski has been an adjunct faculty member at Loyola University Chicago and the University of Illinois at Chicago and an associate editor for the Justice Research and Policy journal and the Journal of Offender Rehabilitation. He also has served with the Illinois Legislative Committee on Juvenile Justice, the Governor's Commission on Gangs in Illinois, and the Illinois Task Force on Crime and Corrections. Mr. Przybylski recently authored *What Works: Effective Recidivism Reduction and Risk-Focused Prevention Programs, A Compendium of Evidence-Based Options for Preventing New and Persistent Criminal Behavior*, and he served as guest editor for the 2012 special issue of *Justice Research and Policy* focused on evidence-based policy and practice.

Mr. Przybylski would like to acknowledge the assistance of Scott Matson, Senior Policy Advisor at the SMART Office, for his assistance in writing the Introduction and Christopher Lobanov-Rostovsky for his review of the chapter on treatment effectiveness in Section 2.

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Phil Rich, Ed.D., a licensed independent clinical social worker for more than 30 years, specializes in working with sexually abusive youth. He presents, trains, and consults nationally and internationally. For 13 years, he was the Clinical Director of the Stetson School, a residential treatment program for sexually reactive children and adolescent and young adult sexual offenders in Massachusetts. Dr. Rich is the author of *Understanding Juvenile Sexual Offenders: Assessment, Treatment, and Rehabilitation* (first and second editions); *Attachment and Sexual Offending: Understanding and Applying Attachment Theory to the Treatment of Juvenile Sexual Offenders*; *Juvenile Sexual Offenders: A Comprehensive Guide to Risk Evaluation*; and the four *Stages of Accomplishment* workbooks for sexually abusive youth in treatment. Dr. Rich holds a Ed.D. in applied behavioral and organizational studies and a master's degree in social work.

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Dominique A. Simons

Section 1, Chapter 3: Sex Offender Typologies

Dominique Simons has conducted research for the Colorado Department of Corrections Sex Offender Treatment and Monitoring Program for 16 years.

In addition to program and treatment evaluation, she consults on projects regarding juvenile sexual offender recidivism, Good Lives Model and self-regulation model treatment, and what works with sexual offenders in Colorado. She also conducts research and gathers statistics for various health and mental health organizations. Ms. Simons has presented on and authored journal articles and book chapters regarding the developmental experiences of sex offenders, sexual interest in children among the general population, sex offender typologies, process issues in sex offender treatment, the therapeutic relationship, crossover sexual offenses, the formulation of prevention strategies from etiological models, the prevalence and treatment of multiple paraphilias, offense patterns of female sexual offenders and the prevalence of intimate partner rape among domestic violence and sexual offenders.

Jane Wiseman

Section 1, Chapter 1: Incidence and Prevalence of Sexual Offending

Jane Wiseman has been improving government operations, as an appointed official in government and a financial advisor and consultant, for more than 25 years. An innovator herself, Ms. Wiseman has learned from both the successes and challenges of creating a new program from scratch, which she has done as a federal and state official. Her passion for excellence in government and her ability to share an insider's perspective on innovation are invaluable to her clients.

Ms. Wiseman's consulting clients have included the U.S. Departments of Justice, Veterans Affairs and Commerce; National Governors Association; National Criminal Justice Association; University of Massachusetts Medical School; Massachusetts Executive Office of Housing and Economic Development; U.S. Postal Service; and the State of Michigan.

Ms. Wiseman has provided consulting services to a wide range of businesses, from IBM to local small businesses. Her consulting work has included organizational strategy, performance management and eGovernment strategy for Accenture and Price Waterhouse. Ms. Wiseman served as Assistant Secretary, Massachusetts Executive Office of Public Safety, where she was recognized for her organizational reform efforts in the Pioneer Institute's Better Government Competition. Other government service includes an appointment as Assistant to the Director for Strategic Planning, National Institute of Justice, U.S. Department of Justice. Ms. Wiseman has also served as a staff assistant for the U.S. House of Representatives Appropriations Committee and as an intern for the Office of Management and Budget. Ms. Wiseman holds a bachelor's degree in government from Smith College and a master's degree in public policy from the John F. Kennedy School of Government at Harvard University.

SECTION 1: ADULTS



Chapter 1: Incidence and Prevalence of Sexual Offending

by Jane Wiseman and Christopher Lobanov-Rostovsky

FINDINGS

- ◆ At least 16 different data sources report on sex crimes and victimization.
- ◆ There is no single definition of sexual offending.
- ◆ An accurate accounting is virtually impossible because so many sex crimes are hidden from public view:
 - The vast majority of victims do not report crimes.
 - Sex offenders do not typically self-report sex crimes.

Introduction

Simple questions do not always have easy answers. For example, the answers to, “How many sex offenses are committed each year?” and “How great is an individual’s lifetime risk of being a victim of a sex crime?” vary greatly depending on the source consulted. Even with the best sources of data, it is extremely difficult to estimate the actual number of sex crimes committed because of low levels of reporting. Sex crimes are not only often unreported, they are often unseen by anyone other than the victim and perpetrator. One group of researchers puts it aptly:

Among highly personal and sensitive behaviors and experiences, including other forms of interpersonal violence, rape and other forms of sexual violence are probably the most difficult experiences to measure. They are rarely observed and occur in private places (Cook et al., 2011, p. 203).

Nevertheless, statistics on the incidence and prevalence of sex crimes, as well as trend data, can provide important insight into the nature and extent of sexual violence that policymakers and practitioners can use to design and deliver more effective prevention and intervention strategies. This chapter presents empirically derived information that helps paint a portrait of what we currently know about the incidence and prevalence of sexual offending and victimization. It also describes the strengths and weaknesses of the available data so policymakers and practitioners can better assess and interpret the existing knowledge base.

Key Data Sources

And What They Can Tell Us About the Incidence and Prevalence of Sexual Offending

DEFINITIONS

- **Incidence** refers to the number of separate victimizations, or incidents, perpetrated against people within a demographic group during a specific time period.
- **Prevalence** refers to the number of people within a demographic group (e.g., women or men) who are victimized during a specific time period, such as the person's lifetime or the previous 12 months.

Source: Tjaden & Thoennes, 2006.

Creating a complete and accurate accounting of the extent of sexual offending is challenging. First, there is no single definition of sexual offending. Statutory definitions of sex offenses differ from jurisdiction to jurisdiction; a sex crime committed in one state might not be classified as a sex crime in an adjacent state. State laws differ on whether rape must involve physical force or threats of physical force, and so on. Even when using national standards, such as the categories reported by the 17,000 police departments submitting Uniform Crime Report (UCR) data to the Federal Bureau of Investigation (FBI), it is impossible for each officer in each department to use the same exact criteria to decide how to classify a crime. Comparing recorded crime and victimization statistics is also challenging due to the variety of reference periods. UCR data are reported on a calendar year basis while National Crime Victimization Survey (NCVS) data, also completed annually, are compiled based on reports of victimization in the 12 months prior to the time of the interview. Comparing victimization data from different sources is even difficult, as some sources measure lifetime victimization while others measure annual or college semester victimization. Finally, rate comparison can be problematic given the different ways in which the sample being studied is measured.

With these challenges in mind, following is a review of key data sources and what they reveal about the incidence and prevalence of sexual offending.

Uniform Crime Reports

The FBI compiles its UCR from data submitted by law enforcement agencies across the nation. Law enforcement agencies reporting crimes to the FBI oversee approximately 93 percent of the total U.S. population (FBI, 2004). As part of the UCR program, the FBI collects data on 8 serious crimes¹ as well as arrest data for 21 additional crime categories. Prior to 2012, for the purposes of UCR reporting, the FBI defined forcible rape as the carnal knowledge of a female by force (including threats of force) and against her will.² Conversely, the NCVS definition of sexual assault measures the extent of sexual assaults against both men and women. Also, UCR does not count sexual assault, statutory rape without force, or simple assault.

Based on the definition of forcible rape used for UCR reporting prior to 2012, the FBI (2014) reported that 79,770 forcible rapes were reported to law enforcement in 2013, a rate of 25.2 crimes per 100,000 females in the United States. This is a 10.6 percent decrease from the 88,097 rapes in 2009, which had a rate of 28.7 crimes per 100,000 females in the United States. Slightly more than 4 out of 10 rapes reported to police in 2009, the most recent year such data were available, were cleared by arrest or exceptional means (FBI, 2009a). Overall, an estimated 21,407 arrests for forcible rape were made by law enforcement agencies in the United States in 2009 (FBI, 2009b). Offenders arrested for rape in 2009 were predominantly young, white, and (as expected)

overwhelmingly male. Only 1 percent of the offenders arrested for rape in 2009 were female. About 15 percent of the nation's rape arrestees in 2009 were under the age of 18, and 37 percent were 18–29 years old. Whites accounted for 65 percent of the rape arrestees, African-Americans accounted for 33 percent, and other races made up about 2 percent of the arrestees (FBI, 2009c).

UCR STRENGTHS AND WEAKNESSES

- **Strengths** — **UCR's key strength is that it is a consistently collected source of data that covers most of the nation.** This data source has credibility among law enforcement and provides a basis for long-term trend analysis.
- **Weaknesses** — **UCR's key weakness for purposes of assessing sexual offending is that UCR crime incident data reflect only crimes reported to police, and this type of crime frequently is not reported to police.** An additional weakness is that the classification of crimes by police officers in the field can be subjective — what one officer calls a rape, another may classify as an aggravated assault. Finally, until 2012, UCR's definition of rape excluded many sexual assault crimes even if they were reported to the police. Some examples follow:
 - Sex crimes not meeting the FBI definition of rape, including oral and anal sexual assaults, penetration with a finger or foreign object, and sexual battery.
 - Sexual assaults facilitated with drugs and/or alcohol, or of an unconscious victim.
 - Sexual assaults when the victim is male.
 - Sexual assaults when the victim has a disability that precludes the individual from legally being able to give consent.
 - Sexual assaults of children under age 12 (reported as child sexual assault) (Lonsway, 2010).

In a study using National Incident-Based Reporting System (NIBRS) data from 1993–2010, it is estimated there would have been a total of 455,234 incidents of forcible rape using the new definition, an increase of 41 percent over the number (269,656) based only on the former definition (Bierie & Davis-Siegel, 2015).

National Crime Victimization Survey

NCVS was established by the Bureau of Justice Statistics (BJS) in 1973 to provide a source of information on the characteristics of criminal victimization in the United States. NCVS collects information on the frequency and nature of rape, sexual assault, personal robbery, aggravated and simple assault, household burglary, theft and motor vehicle theft. Murder is not included in NCVS as victim reporting is the method for collecting these data. A nationally representative sample of approximately 42,000 households is included in the survey. Each household is included in the survey for three years, and all individuals over age 12 in the household are interviewed. The initial interview is in person and subsequent interviews are conducted by phone. NCVS collects data on crimes reported to police as well as those not reported and assesses the victim's experience with the criminal justice system. NCVS gathers data on the nature and circumstances of the crime, such as where it occurred, when it occurred, and whether the victim knew the perpetrator.

Based on NCVS data, an estimated 284,350 rape/sexual assault victimizations³ occurred in the United States in 2014, a rate of 1.1 victimizations per 1,000 persons age 12 and over (Truman & Langton, 2015). NCVS data also indicate that most rape/sexual assault victims are female, white, and under age 30. Based on the 2010 survey, when victim gender information was most recently reported, more than nine out of every 10 rape/sexual assault victims in the United States were female (Truman, 2011). Further, based on the results of the 2008 national survey (the latest survey for which comprehensive rape/sexual assault victim demographic information is available), an estimated 63 percent of victims are white, 28 percent are African-American, and 9 percent are other races. In 2008, the rape/sexual assault victimization rate for African-American females was about three times higher than it was for white females. Among different age groups, people aged 16–19 and 20–24 had

the highest rape/sexual assault victimization rates in 2008 — 2.2 and 2.1 per 1,000 persons in each age group, respectively. By comparison, BJS (2011) found that people aged 35–49 had an estimated rape/sexual assault victimization rate of 0.8 per 1,000 persons in the age group in 2008, and people aged 12–15 had an estimated rate of 1.6 (although the latter estimate is based on a small sample of cases) (Truman & Rand, 2010).

NCVS STRENGTHS AND WEAKNESSES⁴

- **Strengths** — Two key strengths of NCVS are that it measures unreported victimization incidents as well as victimization reported to police, and that these data are collected and reported annually. An additional strength is that it includes sex crimes against both men and women. The survey includes semiannual interviews over three years; the first interview is conducted in person and subsequent interviews are conducted by phone. This may lead to development of rapport, trust and interviewer credibility, possibly leading to increased rates of disclosure. Administration by the U.S. Census Bureau brings added credibility to NCVS. The survey is a convenient platform for more in-depth studies and has periodically administered supplements to study specific topics (e.g., stalking, crime on college campuses).^{*} Finally, in 1993, NCVS was redesigned and began to more accurately estimate incidents of violence perpetrated by intimate partners and family members, and also to ask more directly about unwanted sexual contact (Bachman & Taylor, 1994).
- **Weaknesses** — One challenge with NCVS is that, because it is a crime victimization survey, some respondents may not report victimizations that they do not personally label as a crime, such as unwanted sexual contact by an acquaintance. This may lead to an undercount of sex crimes. Additionally, the questions have a two-stage design: respondents are first asked if they were raped, and are only asked about specific aspects of the victimization if they respond affirmatively to this initial question. This approach may underestimate victimization compared to strategies that ask about specific behaviors[†] rather than a specific label.[‡] For example, Fisher (2009) found that in comparing two samples of college-age women, rates of reported sexual victimization were 11 times higher when using behaviorally specific questions versus asking the yes/no rape screening question alone. **Another weakness of NCVS is that it omits crimes committed against victims younger than age 12.** Finally, because the survey is administered at the respondent's home, there is the possibility that a family member or partner who perpetrated a crime against the respondent is present at the time of the interview and that the victim would fail to report the crime committed by that person.

^{*} See later sections in this chapter for more information about these topics.

[†] For example, "Were you subject to sexual contact after you said 'no' or 'stop'?"

[‡] Strategies that ask behaviorally specific questions allow for the categorization of a sex crime based on the answers to these questions.

Although NCVS data provide valuable insights about the incidence and prevalence of sexual offending nationwide, BJS acknowledges —

The measurement of rape and sexual assault represents one of the most serious challenges in the field of victimization research. Rape and sexual assault remain sensitive subjects that are difficult to ask about in the survey context. As part of the on-going redesign of NCVS, BJS is exploring methods for improving the reporting of these crimes (Truman & Rand, 2010).

National Violence Against Women Survey

Sponsored by the National Institute of Justice (NIJ) and the Centers for Disease Control and Prevention (CDC), the National Violence Against Women Survey (NVAWS) was administered in the mid-1990s to assess the extent of violence against women in the United States. A nationally representative sample of 8,000 men and 8,000 women aged 18 and older were surveyed between November 1995 and May 1996.

NVAWS found that 17.6 percent of female and 0.3 percent of male respondents had been the victim of a rape at some time in their lives. Based on this finding, the authors estimate that almost 18 million women and almost 3 million men in the United States have been raped. Rape prevalence rates were the same for minority and nonminority women, but Native American/Alaska Native women were significantly more likely to have experienced a rape in their lifetime. Rape was more likely to affect younger women than older women, with more than half of female victims and nearly three-quarters of male victims being victimized prior to age 18. Overall, 86 percent of rape victims were female, while most rapists were male. Finally, female victims were significantly more likely than male victims to have been the victim of a rape by a current/former intimate partner and to be injured during the rape (Tjaden & Thoennes, 2006).

NVAWS STRENGTHS AND WEAKNESSES

- Strengths — The key strength of NVAWS is that it was a nationally representative sample of both men and women. Another key strength of this study was the design — respondents were asked a series of questions (referred to as a scale) about their experience of sexual assault, rather than being asked yes/no questions. This means that victims who did not label their experience as a crime could be included in measures of sexual victimization. Questions included items identical to those used in the National Women's Study, which is described later in this chapter, allowing for comparability across studies (Tjaden & Thoennes, 2006). Finally, a strength of this study is that it measured both per-year and lifetime victimization.
- Weaknesses — The key weakness of NVAWS is its age. Conducted more than 20 years ago, the findings may or may not reflect the experiences of women today. Another weakness is that the survey was conducted by phone. Individuals without phones were not included in this sampling frame. At the time of this study, individuals without phones were more likely to have low incomes.

National Intimate Partner and Sexual Violence Survey

The National Intimate Partner and Sexual Violence Survey (NISVS) is an ongoing, nationally representative telephone survey that collects information about sexual violence, stalking victimization, and intimate partner violence among adult women and men ages 18 and older in the United States. CDC launched the survey in 2010, with the support of NIJ and the U.S. Department of Defense (Black et al., 2011; Breiding et al., 2014). NISVS data will be collected annually as long as funding for the survey is available.

NISVS is unique because it is the first ongoing survey designed to describe and monitor sexual violence, stalking, and intimate partner violence from a public health rather than crime perspective. Survey respondents are first asked about various health conditions to establish a health context for the survey. Then they are asked about victimization experiences using behaviorally specific questions. Research has shown that this health-based approach increases disclosure of violent victimization.⁵

NISVS also collects data on victimization involving sexual violence other than rape, control of reproductive health and other forms of sexual victimization that have not been measured in the past. It is also the first survey to provide national *and* state-level data on sexual violence, stalking and intimate partner violence.

Findings from the second year of NISVS data were published by Breiding and colleagues in 2014.⁶ Based on 12,727 completed interviews (6,879 women and 5,848 men), **the 2011 survey found that nearly 1 in 5 women (19.3 percent) and 1 in 59 men (1.7 percent) have been raped in their lifetime.** In addition, 43.9 percent of women and 23.4 percent of men reported being victims of other forms of sexual violence in their lifetime. Nearly one-half (45.4 percent) of female rape victims reported being victimized by an intimate partner, while a

similar number (46.7) percent reported being victimized by an acquaintance. **More than four in 10 (40.4 percent) female rape victims experienced their first completed rape before age 18.**

The 2011 survey also found that 15.2 percent of women and 5.7 percent of men have experienced stalking victimization “in which they felt very fearful or believed that they or someone close to them would be harmed or killed” (Breiding et al., 2014, p. 6). Female victims were most often stalked by a current or former intimate partner, while men were stalked primarily by an intimate partner or acquaintance. Nearly one in four women (22.3 percent) and one in seven men (14 percent) reported experiencing severe physical violence⁷ perpetrated by an intimate partner, while nearly half of all women (47.1 percent) and men (46.5 percent) reported experiencing psychological aggression by an intimate partner.

In the 2011 survey, 1.6 percent of the female respondents surveyed reported being raped in the 12 months prior to taking the survey. That equates to an estimated 1.9 million women nationally. About one in 20 women and men (5.5 percent and 5.1 percent, respectively) reported being victims of sexual violence other than rape, while about 4.2 percent of women and 2.1 percent of men reported being stalked in the 12 months before the survey.

The 2011 NISVS also found that about 32.3 percent of multiracial women, 27.5 percent of American Indian/Alaska Native women, 21.2 percent of African-American women, 20.5 percent of white women and 13.6 percent of Hispanic women have been raped in their lifetime.

The 2010 NISVS produced the first national data on the prevalence of sexual violence, stalking and intimate partner violence victimization among lesbian, gay and bisexual women and men. Lesbians and gay men were found to have sexual violence victimization rates equal to or higher than those reported by heterosexuals, while bisexual women had significantly higher lifetime prevalence rates of rape and sexual violence other than rape compared to both lesbian and heterosexual women (National Center for Injury Prevention and Control, 2011a).

NISVS STRENGTHS AND WEAKNESSES

- **Strengths** — Key strengths of NISVS are its use of a public health approach, its exclusive focus on sexual violence, its assessment of 60 different violent behaviors, its coverage of more than select populations (e.g., college students) and its use of both cellphone and landline phone samples. NISVS also collects information on forms of sexual violence that have not been measured in a national survey before, and is the first survey to provide both national and state-level data on sexual violence, stalking and intimate partner violence. It also is the first study to produce national prevalence estimates of intimate partner violence, sexual violence and stalking victimization among lesbian, gay, and bisexual women and men.
- **Weaknesses** — NISVS relies on self-reports of victimization experiences. In addition, “although NISVS includes a large sample size, in some cases statistically reliable estimates for all forms of violence among all populations and sub-populations are not able to be calculated from annual data” (National Center for Injury Prevention and Control, 2011b, p. 2).

National College Women Sexual Victimization Study

The National College Women Sexual Victimization Study (NCWSV), funded by NIJ, surveyed a randomly selected, national sample of 4,446 women attending two- or four-year colleges during the fall 1996 semester (Fisher, Cullen & Turner, 2000). Students were asked via telephone about events that occurred that school year, a period of approximately seven months (Fisher, Cullen & Turner, 2000). Lifetime exposure to sexual victimization was not assessed.

Fisher, Cullen and Turner (2000) found that **2.8 percent of college women who responded to the survey had experienced either a completed or attempted rape during the semester. Of those who reported rape, 23 percent reported multiple rapes.** As the study period included only one semester of college, the authors caution that over the years of the participants' college experience, rates of victimization may be higher than reported for the time period under study. Further, they also found that many women did not characterize their sexual victimization as a crime. For the incidents categorized as rape by the researchers, 49 percent of the women responded "yes" when asked if they would describe the incident they experienced as a rape (Fisher, Cullen & Turner, 2000). The reasons survey respondents gave for not describing the incident as rape were varied, and included embarrassment, not clearly understanding the legal definition of rape, not wanting to define someone they know who victimized them as a rapist or because they blamed themselves for their sexual assault (Fisher, Cullen & Turner, 2000). Most victims knew their offender: The authors found that nine out of 10 offenders were known to their victim. Most often, the offender was a boyfriend, ex-boyfriend, classmate, friend, acquaintance or coworker (Fisher, Cullen & Turner, 2000). Campus rape victims were not likely to report the crime to police; fewer than 5 percent of completed and attempted rapes were reported. However, in approximately two-thirds of the cases, the victim did report the incident to another person, most typically a friend rather than a family member or college official (Fisher, Cullen & Turner, 2000).

NCWSV STRENGTHS AND WEAKNESSES

- Strengths — **Key strengths of NCWSV are its sample size (4,446 women) and the sample of colleges was a probability sample proportionate to female student enrollment and college location (urban, suburban, and rural)** (Fisher, Cullen & Turner, 2000). Additionally, in an attempt to capture victimization that may not be classified by the victim as rape, the survey used a two-stage process to ask behaviorally specific questions to assess victimization (Fisher, Cullen & Turner, 2000).
- Weaknesses — **A key weakness of this study is that it addresses a narrow population — women attending college.** Other weaknesses are that comparisons to other studies are difficult because the reference period is seven months rather than 12 months and that lifetime victimization is not measured. Finally, the two-stage process for categorizing experiences as rape is not without methodological challenges and may require fine-tuning if it is to consistently estimate rates of victimization in the future (Cook et al., 2011).

Sexual Experiences Survey

The Sexual Experiences Survey (SES) was developed in the late 1970s to "operationalize a continuum of unwanted experiences that at the extreme reflect legal definitions of attempted rape and rape" (Koss et al., 2007, p. 359). Unlike the other sources described here, SES is neither an annual data collection instrument nor a one-time national sample. Instead, it represents a standard set of questions that have been used repeatedly by scholars, particularly in the public health field, to study unwanted sexual experiences. In some studies, the survey has been used in its original form, while in others researchers have customized the questions to suit their specific research needs. This self-report survey instrument was revised in 1987 and again in 2007. Its questions were modeled on the statutory definition of rape in Ohio. Separate versions of the survey assess victimization and perpetration of sex crimes. The survey tool is available in both short and long form, allowing for screening or for in-depth study. Respondents are asked about incidents since age 14 and in the past year, thus providing both annual results and lifetime rates of victimization.

Using SES questions, **Testa and colleagues (2004) conducted in-person interviews with 1,014 women living in or near Buffalo, New York, between May 2000 and April 2002. Of the respondents, 38 percent indicated they had experienced sexual victimization since age 14.** The most common experience reported by respondents was unwanted sexual contact. Of the respondents, 27 percent reported unwanted sexual contact, 17 percent reported a rape and 12 percent reported an attempted rape (Testa et al., 2004).

SES STRENGTHS AND WEAKNESSES

- Strengths — **A key strength of this instrument is the wide range of sexual victimization that is characterized by the questions asked.** Also, the instrument does not use the word “rape,” but rather uses behaviorally specific descriptions of unwanted sexual acts. This is done to minimize victim underreporting in cases in which the victim does not label the unwanted sexual act as a rape.
- Weaknesses — **Different methods (e.g., sampling frame, sample size, method of survey administration) in using SES can lead to variability in responses.** Some scholars suggest that such a comprehensive set of questions may lead to overcounts of victimization incidents. Further, basing definitions on the laws of the state of Ohio could limit the applicability in other states. An additional weakness is that in some cases questions are lengthy, possibly leading the respondent to become confused or distracted. Regardless, the revised SES is exhaustive, and “each item queries the sexual act, tactic used and expression of non-consent or reason for inability to consent.”(Cook et al., 2011, p. 207).

National Child Abuse and Neglect Data System

The National Child Abuse and Neglect Data System (NCANDS) has provided annual counts of incidents of child sexual abuse since 1992. NCANDS data are based on reports from participating state child protection agencies. NCANDS includes case-level data on the characteristics of screened-in reports of abuse and neglect made to the agencies, including the children involved, the types of maltreatment alleged, the disposition of the investigation, the risk factors of the child and the caregivers, the services provided and information about the perpetrators.⁸ The U.S. Department of Health and Human Services publishes an annual report — *Child Maltreatment* — that summarizes NCANDS data reported from the states. Each state has its own definition of child abuse and neglect based on federal law (Children’s Bureau, 2014). Child sexual abuse is reported annually along with incidents of neglect, physical abuse and psychological maltreatment. **For 2014, NCANDS estimates that 58,105 children were victims of sexual abuse.**

NCANDS STRENGTHS AND WEAKNESSES

- Strengths — This data source provides annual data that are published and made available on the U.S. Department of Health and Human Services website. **State participation is nearly universal — since 2007, all 50 states have provided summary data, and many also provide case-level data.** In place since 1992, this data source can help track trends over time.
- Weaknesses — Data from this source reflect incidents of abuse by caretakers reported to child protection agencies. **Sexual abuse committed by a nonfamily member or a noncaretaker may not be included in this data set.** Sexual abuse reported directly to law enforcement, and not to a child protective agency, is not included in this data set.

National Survey of Children’s Exposure to Violence

The National Survey of Children’s Exposure to Violence (NatSCEV) is sponsored by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and supported by CDC. This is the first national survey to measure both past-year and lifetime exposure to conventional crime, child maltreatment, victimization by peers and siblings, sexual victimization, witnessing and indirect victimization, school violence and threats and internet victimization for children aged 17 and younger. (For more on “Internet-Facilitated Sexual Offending,” see Chapter 4 in the Adult section.) This study was designed by the Crimes Against Children Research Center at the University of New Hampshire. It attempted to measure children’s experience of violence in the home, school and community. Telephone interviews were conducted with respondents aged 10–17. For respondents aged 9 and under, their adult caregivers were interviewed.

Key research findings were that 5.6 percent of children had been sexually victimized in the past year and 9.5 percent had been a victim during their lifetime. Sexual victimization includes attempted and completed rape, sexual assault, flashing or sexual exposure, sexual harassment and statutory sexual offenses. In addition, 16.4 percent of youth aged 14–17 had been sexually victimized in the past year and 27.3 percent had been sexually victimized during their lifetime. This study found that children were often the victims of multiple types of violence. A child who was physically assaulted in the past year was found to be five times as likely to have been sexually victimized (Finkelhor et al., 2015).

In addition, the majority (61 percent) of reported past-year peer victimizations (including assault, bullying, sexual victimization and property crime) occurred at school (Turner et al., 2011). Emotional bullying by peers was most likely to occur at school, while sexual assault and rape were most likely to occur elsewhere (Turner et al., 2010). Considering only serious violent events (rape, sexual assault, robbery and aggravated assault), the rates for these crimes at school for adolescents aged 12–18 are lower than those occurring away from school. In 2008, the serious violent victimization rates were four per 1,000 students at school and eight per 1,000 students away from school (Robers, Zhang & Truman, 2010). Children living in households with lower incomes have higher rates of exposure to sexual and physical assault than those living in households with middle and high incomes (Crouch et al., 2000).

NatSCEV STRENGTHS AND WEAKNESSES

- Strengths — This survey is notable for its large sample size (4,500 respondents). **A major strength of this study is the care taken to oversample in certain populations to allow for subgroup analysis.** For example, areas with high concentrations of African-American, Hispanic and low-income households were oversampled so that analysis could be performed for these subgroups. This study also examines lifetime exposure to violence, crimes against children younger than age 2, threats of violence and internet victimization.
- Weaknesses — **A weakness of this study is that it is not conducted annually, so annual comparisons to other data sources are not possible.** Further, while NCVS includes interviews every six months, NatSCEV includes a single interview. Some respondents may have difficulty accurately recalling incidents in the past year, versus the past six months.

Developmental Victimization Survey

A precursor to NatSCEV and conducted by the same researchers, the Developmental Victimization Survey (DVS) was a random-digit-dial survey of households conducted in 2003. The survey sample consisted of 2,030 children aged 2–17 within the households surveyed. One child from each household was randomly selected (the child with the most recent birthday). Telephone interviews were conducted directly with children aged 10–17, while a caregiver was questioned regarding children aged 2–9. DVS uses the Juvenile Victimization Questionnaire, which is widely known and used to screen individuals for incidence of violence (Finkelhor et al., 2005). DVS results indicated that one in 12 children in the sample (82 per 1,000) had experienced a sexual victimization in the sample year, including 22 per 1,000 who experienced an attempted or completed rape and 32 per 1,000 who experienced a sexual assault (Finkelhor et al., 2005).

DVS STRENGTHS AND WEAKNESSES

- Strengths — The strengths of DVS are its large sample size (2,030) and the wide range of screening questions asked of the child sample.
- Weaknesses — DVS interviews were administered in English only, thereby missing non-English speakers, and only using the telephone, eliminating from the sample those households that did not have a phone. Further, interviewing of children younger than age 10 was done with the child's caregiver, which may have limited the reporting of victimization (particularly if perpetrated by the caregiver) (Finkelhor et al., 2005). Finally, DVS did not sample children younger than age 2 or ask questions related to a broader assessment of types of violence (e.g., witnessing intimate partner violence and other violence in the home). Many of the weaknesses of DVS have been addressed by the more current NatSCEV.

National Incidence Studies of Missing, Abducted, Runaway and Thrownaway Children–2

The National Incidence Studies of Missing, Abducted, Runaway and Thrownaway Children–2 (NISMART–2) was an estimate of the number of missing children based on surveys of households, juvenile residential facilities and law enforcement agencies. Data were collected via telephone interviews in 1999 and have been reported in several publications.

Key research findings were that an estimated 285,400 children were victims of a sexual assault, for a rate of approximately 4.1 victims per 1,000 children in the United States. Of these, an estimated 141,400 children were victims of a rape (anal, oral or vaginal penetration) and 60,400 experienced an attempted rape. Eighty-nine percent of victims were female and 95 percent were assaulted by a male. Eighty-one percent of victims were aged 12–17. Victimization of whites and African-Americans was proportionate to their presence in the general child population. Hispanics constituted 9 percent of victims and 16 percent of the U.S. child population. Seventy-one percent of child sexual assault victims were victimized by someone they knew or recognized by sight, 18 percent were victimized by a stranger and 10 percent were victimized by a family member (Finkelhor, Hammer & Sedlak, 2008).

NISMART–2 STRENGTHS AND WEAKNESSES

- Strengths — **This was a national survey using a probability sample of households.** In developing national estimates from the interviews conducted, youth and adult interview data were weighted to reflect the census-based population of children. The sample size was very large; more than 16,000 adult caretakers were interviewed, representing nearly 32,000 children. Additionally, 5,000 youth were also interviewed. Care was taken not to double-count incidents that were reported by both a caretaker and a child. Another key strength is that definitions of crimes used in NCVS were used for NISMART–2, allowing comparisons between the results of both surveys. NISMART–2 counted incidents that would not be included in NCVS, such as those with victims younger than age 12 and incidents in which the adult caretaker but not the victim had disclosed (Finkelhor, Hammer & Sedlak, 2008).
- Weaknesses — **This study is not conducted annually.** NISMART–2 was conducted in 1999 and NISMART–1 was conducted in 1988, making comparison between the two difficult. In addition, data collected on sexual assault were different between the two studies, preventing direct comparison. Also, for children younger than age 10, sexual abuse could only be reported by an adult caretaker who both knew about and chose to report the abuse. This could have led to an undercount of such incidents. According to Finkelhor, Hammer and Sedlak (2008, p. 9):

[M]ore than half of the youth who were interviewed after their caretaker disclosed the youth's victimization did not disclose the assault in their own interview. As a result, one would expect that a considerable number of additional youth whose caretakers did not know about the assault also failed to disclose. Additionally, the accuracy of the proxy reports by caretakers could be influenced by their not wanting to disclose the abuse to a telephone interviewer. The latter situation would have a proportionally larger effect on underreporting for victims younger than 10, for whom caretaker proxy reports were the only source of information.

National Women's Study

The National Women's Study (NWS) is a three-year longitudinal study of a national probability sample of 4,008 adult women in the United States aged 18 and older. Three waves of interviewing were completed: at the time of the initial study and at one and two years after the initial interview.

The results indicated that 13 percent of women reported being the victim of at least one completed rape in their lifetime. Based on this, it was estimated that **12.1 million women in the United States have been the victim of one forcible rape in their lifetime**. In addition, 0.07 percent of women surveyed reported having been raped in the past year, equating to 683,000 adult women in the United States. Of those who reported being raped, 56 percent reported one rape and 39 percent indicated they were raped more than once (with 5 percent uncertain how many times they were raped). Twenty-nine percent of the rapes occurred when the victim was younger than age 11 and another 32 percent occurred when the victim was between 12 and 18. In total, 61 percent of rapes were committed against a female victim younger than age 18. In terms of the relationship between the perpetrator and the victim, 22 percent were raped by a stranger, while the vast majority of rapes were perpetrated by an intimate partner, family member, friend or neighbor (National Victim Center & Crime Victims Research and Treatment Center, 1992).

NWS STRENGTHS AND WEAKNESSES

- **Strengths** — **The strength of this study was the probability sampling process that created greater representation in the sample.** In addition, the longitudinal nature of the study allowed for variation in response over three interviews in a two-year period.
- **Weaknesses** — **A telephone survey is limited to those who live in households with a phone; therefore, those without phones were not represented in the sample.** In addition, this survey excluded females younger than age 18 and males from the survey and is therefore only valid for adult women in the United States.

Other Data Sources

Drug-facilitated, Incapacitated and Forcible Rape: A National Study

For the Drug-facilitated, Incapacitated and Forcible Rape (DAFR) national study, Kilpatrick and colleagues (2007) conducted a national telephone survey of 5,000 women aged 18–86, including approximately 3,000 who represented all women in the United States and 2,000 women attending college.

The research results indicated that for women of all ages, an estimated 18 percent had been raped during their lifetime. This translates into an estimated 20 million victims of rape out of 112 million women in the United States. In looking at past-year victimization alone, the authors estimated that more than 1 million women had been raped. Of those who reported that they were raped, 16 percent indicated they had reported the crime to law enforcement. The study found that victims of drug-facilitated or incapacitated rape were less likely to report the crime to the police than victims of forcible rape (Kilpatrick et al., 2007).

National Survey of Adolescents

The National Survey of Adolescents consisted of interviews of 4,023 adolescents (aged 12–17) on various topics that included victimization history. The survey used random-digit dialing and stratified sampling techniques to identify households that had a telephone, an adolescent aged 12–17 with a parent or legal guardian, and both a parent or guardian and an adolescent who spoke English or Spanish.

Results of the survey indicated that 8.1 percent of those responding had a history of sexual victimization. Native American adolescents had the highest prevalence rate of sexual victimization (15.7 percent), compared to 13.1 percent for African-Americans, 10 percent for Hispanics, 6.7 percent for whites and 6.5 percent for Asians. Adolescent females were at greater risk of sexual assault than males (13 percent compared to 3.4 percent). Seventy-four percent of victims reported knowing the perpetrator prior to the sexual offense. Finally, only 13 percent of victims reported the sexual offense to the police (Kilpatrick, Saunders, & Smith, 2003).

Adverse Childhood Experiences

The Adverse Childhood Experiences (ACE) study was conducted with members of the Kaiser Permanente Health Plan who had visited the San Diego Health Appraisal Clinic. Data were collected from 17,337 study participants between 1995 and 1997. Unlike some of the other studies described above, the ACE study surveyed adults about a variety of previous childhood experiences: psychological, physical and sexual abuse during childhood; substance abuse; mental illness; violence against the respondent's mother; and criminal behavior in the household. The results indicated that 20.7 percent of the sample experienced childhood sexual abuse, including 24.7 percent of women and 16 percent of men (Felitti et al., 1998).

Youth Risk Behavior Survey

The Youth Risk Behavior Survey (YRBS) is a national school-based survey conducted biennially by CDC. In 2013, 13,583 questionnaires were completed in 148 schools. This survey monitors several categories of health-risk behaviors among youth and young adults, including violence. Both public and private schools in the United States with students in grades 9–12 are included in the sampling frame for this survey. YRBS includes violence measures for dating violence, rape and bullying. The 2013 study indicated that 7.3 percent of the sample had been subject to forcible sexual intercourse, with 10.5 percent of females and 4.2 percent of males reporting such an incident. This number did not change significantly from 2011 (8 percent) to 2013. In addition, 10.4 percent of students who dated reported being victims of sexual dating violence during the year prior to the survey, including 14.4 percent of females and 6.2 percent of males (Kann et al., 2014). (For a discussion of adult "Sex Offender Risk Assessment," see Chapter 6 in the Adult section.)

Survey of Inmates in Local Jails

BJS's Survey of Inmates in Local Jails (SILJ) has been conducted periodically over approximately the past 40 years and consists of interviews with a national sample of jail inmates. Based on the 2002 survey of nearly 7,000 jail inmates, it is estimated that the most serious offense for 3.4 percent (nearly 21,200 inmates) of the 623,492 jail inmates in the United States was for rape (0.6 percent) or another type of sexual assault (2.8 percent) (James, 2004). This survey and the 2004 Survey of Inmates in State and Federal Correctional Facilities (SISFCF) both provide information about the prevalence of sexual offenders within local, state and federal correctional/detention facilities.⁹

Survey of Sexual Victimization

BJS's Survey of Sexual Victimization (SSV) has been conducted annually since 2004 on juveniles in detention facilities and adults in corrections facilities, in response to the Prison Rape Elimination Act of 2003 (PREA; P.L. 108-79). The SSV is a summary of allegations of sexual victimization by other inmates or staff reported to correctional authorities. In 2012, there were 865 allegations of sexual assault in state juvenile systems and 613 in local, private and Indian Country facilities. The rate of allegations in the state juvenile systems has more than doubled from 19 per 1,000 in 2005 to 47 per 1,000 in 2012. The rate of allegations in local or private facilities increased from 7.2 per 1,000 in 2010 to 13.5 per 1,000 in 2012. From 2007 to 2012, there were

nearly 9,500 allegations of sexual assault in state, local or private facilities, 55 percent of which were youth against youth (25 percent of which were substantiated) and 45 percent (10 percent of which were substantiated) were staff against youth allegations (Beck & Rantala, 2016).

Results of the SSV for all adult correctional facilities indicated there was 8,763 allegations of sexual victimization in 2011, a statistically significant increase from the 8,404 in 2010 and 7,855 in 2009. The overall rate specifically for prisons has increased by 39 percent from 2005 (4,791) to 2011 (6,660). In terms of substantiated allegations, in 2011, 902 adult correctional facility allegations (10 percent) were substantiated, 52 percent of which were inmate against inmate sexual victimizations while 48 percent were staff against inmate (Beck, 2015).

Trend Data

Historical data on the incidence of sexual assault can provide important insight about trends over time. **Data from law enforcement as well as from victimization surveys suggest that sexual assaults, much like other types of crime, have substantially declined over the past 10 to 20 years.**

According to the FBI, the number of forcible rapes reported to the police fell 14 percent between 1990 and 2009, from 102,555 to 88,097. The number of rapes reported to police per 100,000 U.S. residents also fell during that time (from 41.1 to 28.7), a decline of 30 percent (FBI, 2009). Data on sexual assault victimization surveys follow a similar pattern. According to NCVS, the number of rape/sexual assault victimizations for those aged 12 and older in the United States fell by more than 30 percent between 2002 and 2011, dropping from 349,810 to 243,800 over the nine-year period. Overall, the estimated number of rape/sexual assault victimizations fell by more than one-third in 2011 (from about 383,000 in 1990 to 243,800) (Rennison, 2000; Truman & Planty, 2012). It should be noted that the number of rape/sexual assault victimizations increased to 300,170 in 2013, and then decreased by 5.3 percent to 284,350 in 2014 (Truman & Langton, 2015). Finally, data from NCANDS indicate that substantiated cases of child sexual assault in the United States have also fallen in recent years, dropping by 53 percent between 1992 and 2006 (Finkelhor, Hammer & Sedlak, 2008).

Limitations of the Data

Although increased scholarly attention has been paid to sexual victimization and victimization surveys in the past two decades, and notable improvements regarding the reporting of sexual assault crimes have recently been made in the national UCR program, much remains to be done to develop standard definitions of sex crimes and to measure victimization in a way that elicits self-report of a traumatic experience many victims may choose not to discuss. As Cook and colleagues (2011, p. 210) point out, the field “remains hampered by the lack of a standard definition of rape and its components of act, tactics and non-consent.” What is known about victims and offenders is based on an incomplete picture of the true extent of victimization. Studies of victims rely on self-report, resulting in dramatic undercounts of victimization. What we know to date is that sexual victimization is far more common than existing sources indicate and that more needs to be done to develop a credible literature on the extent, causes and consequences of sexual victimization.

***No single definition of sexual offending
is used across data sources.***

Summary of the Data

Information on the incidence and prevalence of sexual offending in the United States can be obtained from a diverse range of sources. Some sources, such as the FBI's UCR program, focus on sex crimes reported to the police and the offenders arrested for those crimes. Others, such as NCVS, focus on victims of sex crimes. Some sources collect and report data on a regular, ongoing basis. Others do so only periodically or on a one-time basis. A wide range of methods are used to collect incidence and prevalence data as well. Despite these differences, the available data provide important insight about the extent of sexual offending in the United States, along with the characteristics of victims and known offenders.

The FBI's UCR statistics indicate that in 2013, 79,770 forcible rapes were reported to law enforcement (FBI, 2014). Arrestees for forcible rape are typically young, white males (FBI, 2009c). Based on NCVS data, 284,500 rape/sexual assault victimizations are estimated to have occurred in the United States in 2014 (Truman & Langton, 2015). NCVS data also indicate that most rape/sexual assault victims are female, white and younger than age 30 (Truman, 2011). Based on NCANDS estimates, nearly 58,105 children were victims of sexual abuse in 2014 (Children's Bureau, 2014).

NVAWS found that 17.6 percent of women and 0.3 percent of men had been the victim of a rape at some time in their life, meaning that almost 18 million women and almost 3 million men in the United States have been raped (Tjaden & Thoennes, 2006). Data from NWS indicated that 13 percent of women reported being the victim of at least one completed rape in their lifetime. Based on this, it was estimated that 12.1 million women in the United States have been the victim of one forcible rape in their lifetime (National Victim Center & Crime Victims Research and Treatment Center, 1992). Trend data indicate that the number of forcible rapes reported to the police fell 14 percent between 1990 and 2009, and that the estimated number of rape/sexual assault victimizations fell by more than one-third between 2002 and 2011 (Rennison, 2000; Truman & Planty, 2012).

Although these data provide insight into the incidence of sexual offending and victimization, the gap between sexual victimizations and sex crimes reported to police, and the characteristics of victims and perpetrators, they must be interpreted in light of their limitations. Differences in the methods used to collect data as well as when the data were collected can render the comparison of statistics from certain sources difficult and sometimes meaningless. Users of the data must also recognize that quantitative statistics on sexual offending and victimization lack precision. An accurate accounting of sexual offending and victimization is virtually impossible because so many sex crimes and victimizations are hidden from public view. Although the available data can help policymakers and practitioners better understand incidence patterns and trends, efforts to enhance existing data systems and improve both the quality and comparability of the data are needed.

***At least 16 different data sources report
on sex crimes and victimization.***

Underreporting of Sex Crimes

One of the greatest challenges to developing an accurate estimate of the incidence and prevalence of sexual offending is the fact that not every victim will disclose the incident to law enforcement, and many will also not disclose the incident to a researcher during a survey. Research has clearly demonstrated that many sex offenses are never reported to authorities. For example, NCVS data suggest that only about 25 to 33 percent of rapes or sexual assaults have been reported to police over the past 15 years, with some between-year fluctuations (Bachman, 1998; Truman & Langton, 2015; Truman & Planty, 2012). In addition, Tjaden and Thoennes (2006)

found that only 19 percent of women and 13 percent of men who were raped since their 18th birthday reported the rape to the police. Several studies of victims have shown that the likelihood that a victim will report sexual assault to law enforcement decreases with the victim's age (Kilpatrick, Saunders & Smith, 2003). Finally, NWS results indicated that 84 percent of victims did not report the rape to the police. Of the 16 percent who did report the rape to the police, 12 percent did so within 24 hours of the rape and 4 percent did so more than 24 hours after the rape (National Victim Center & Crime Victims Research and Treatment Center, 1992).

Larcombe (2012, p. 483) argues that “the attrition of sexual offenses ... both before and after reporting to police, ensures that the minority of cases that secure a conviction for a sexual offense are not reflective of the most common or injurious forms of sexual violence experienced by women and children.” Citing two Australian studies on police and prosecutorial discretion (Statewide Steering Committee to Reduce Sexual Assault, Victoria, 2006; Lievore, 2004, as cited in Larcombe, 2012, p. 482), she points out that cases “clearly interpretable as violence” and not involving what appears to be “potential sexual partners” are more likely to proceed to conviction. Examples include cases involving male and younger victims and victims whose perpetrators were strangers, particularly when force, threats and weapons are used and result in physical injury to the victim and when verbal resistance is offered. Further, Larcombe (2012) reports that women aged 15–24, those with a psychiatric disability or a mental health issue and indigenous women are less likely to see their cases result in conviction. In terms of the offenders, those who have a prior history of criminal behavior (particularly violent and sexual offenses), are indigenous and have a disability (intellectual or psychiatric) are more likely to have their cases proceed to conviction (Larcombe, 2012). Given the evidence that sex crimes and sex offenders that are identified by authorities and processed in the criminal justice system are not representative of sexual crimes and perpetrators overall, Larcombe (2012) suggests that policies, practices and research need to consider attrition dynamics and their implications. Although the studies cited by Larcombe may have limited applicability because they used Australian samples, research on attrition dynamics and characteristics using American samples likely would strengthen our understanding of the incidence and prevalence of sexual victimization in the United States.

The vast majority of victims do not report sex crimes.

Special Populations and Related Topic Areas

Some studies have focused on a number of special populations and related topic areas regarding the incidence and prevalence of sexual victimization.¹⁰ Several of these areas are addressed below: stalking, sexual offending on college campuses and sexual offending against individuals with disabilities, members of the military and Native Americans in Indian Country.

Stalking

Stalking was first defined as a crime in 1990 by the state of California. Since that time, all 50 states and the District of Columbia have passed a law against stalking. State statutes define stalking behavior rather differently, however, and no single legal definition of stalking applies across all states. Even for a victim, defining stalking can be difficult, as behaviors that often appear as a part of stalking (e.g., gifts, notes and visits) are not in themselves criminal. Rather it is the nature of the behavior — unwanted attention, unwanted gifts, persistent or threatening notes, harassing visits and so forth — that defines the act as stalking. In some states, stalking laws are invoked for verbal threats, while in other states the threat must be written or implied by the conduct (Klein et al., 2009). In some states the perpetrator must act in a way that makes the victim fearful, and in other states it is sufficient if the perpetrator acts in a way that would make a reasonable person

fear the behavior (Fox, Nobles & Bonnie, 2011). As Tjaden (2009, p. 263) points out, “Nearly 20 years after the first stalking law was enacted, many policymakers and practitioners still are unclear about what constitutes stalking.”

With this confusion among state laws, it is not surprising that there has been no standard definition used by researchers in studying the crime of stalking. Fox, Nobles, and Bonnie (2011) found that the four major national assessments of the extent of stalking all used different questions, making comparisons across the studies problematic. A few of the questions are similar, but none are exactly the same. Fox, Nobles, and Bonnie (2011) also point out that the major studies have failed to publish reliability estimates for their scales, reducing the ability to generalize beyond the sample population. It also should be noted that the sampling frame used in each of the four national stalking victimization studies is different. NVAWS, NCVS and the National Intimate Partner and Sexual Violence Surveillance System (NIPSVSS) sample the general population, while NCWSV samples only female college students (Fox, Nobles & Bonnie, 2011). In reviewing 56 peer-reviewed assessments of stalking, Fox, Nobles and Bonnie (2011) found that 55 percent of the studies examined a college-age population while 45 percent examined the general population; they also found that many studies of stalking rely on subpopulations, such as college students or nonprobability samples.¹¹

Tjaden and Thoennes (1998) conducted the first-ever national study of stalking within NVAWS and found that 8 percent of women and 2 percent of men have been stalked in their lifetime. This telephone survey of 8,000 men and 8,000 women found that most stalking victims were female (78 percent) and most perpetrators were male (87 percent). In most cases, stalking involved perpetrators and victims who knew each other — only 23 percent of female victims and 36 percent of male victims reported being stalked by strangers. Stalking was in many cases the continuation of a violent relationship — 81 percent of women who were stalked by a present or former spouse or partner had also been sexually assaulted by that person and 31 percent had been raped by that person (Tjaden & Thoennes, 1998). These findings demonstrate the importance of looking at domestic violence, stalking and sexual assault as a connected constellation of behaviors, given that the risk to the victim increases with the presence of these factors. In addition, Tjaden and Thoennes (1998) found that about half of stalking victimizations (55 percent for women and 48 percent for men) were reported to the police. In one out of five cases reported to the police, the victim indicated the police did not take any action. Only 24 percent of women and 19 percent of men who reported a victimization to the police indicated that their stalker had been criminally prosecuted (Tjaden & Thoennes, 1998).

In 2006, NCVS included a Supplemental Victimization Survey to assess the extent of stalking. Approximately 65,000 men and women completed the survey between January and June 2006. This survey estimated that 2.4 percent of the population experienced stalking or harassment in the year prior to the study (Baum et al., 2009). The study did not seek to assess lifetime victimization. Women were at greater risk of stalking victimization than men (3 percent of women reported being a victim of stalking compared to 1.7 percent of men). Stalking and harassment rates for those aged 18–24 were significantly higher than for other age groups, with the rate of victimization decreasing with age. For those who reported stalking, many reported being victimized by persistent offenders — 46 percent of stalking victims experienced at least one unwanted contact per week, and 11 percent of victims said they had been stalked for five years or more (Baum et al., 2009). **Most offenders were known to their victims (73 percent), and more than half of stalking victims lost 5 or more days from work due to their victimization (Baum et al., 2009).** One-third of women and one-fifth of men reported stalking or harassment to law enforcement. However, many other victims did not categorize their experience as stalking. Researchers asked questions about seven types of harassing or unwanted behavior and classified a respondent as a victim of stalking if he or she had experienced at least one of the behaviors on at least one occasion and felt fear as a result. Respondents who experienced the behavior but did not feel fear were categorized as victims of harassment. Researchers did not use the term “stalking” until the final question. Of those whose experiences were classified as stalking, 60 percent reported that the experience was “not

stalking” (Baum et al., 2009). This finding raises the issue of definitions and terminology, and underscores the complexity of accurately providing a picture of the national experience of victimization in general and stalking in particular.

In a further analysis of 2006 NCVS data ($n = 1,159$), 31 percent of stalking victims were found to have engaged in informal help-seeking behavior (family or friends) while 29 percent engaged in formal help-seeking from law enforcement. Factors identified that influenced the type of help-seeking behavior utilized included perceived seriousness, fearfulness, and whether the offender was known. It was further noted that informal help-seeking may also lead to formal help-seeking, and seeking help was influenced by how the victim viewed the victimization (Reyns & Englebrecht, 2014).

Finally, results of the National Intimate Partner and Sexual Violence Survey (NISVS) highlighted earlier in this report also include survey results related to stalking. Stalking is receiving increased attention in the literature and policy development, and further research is needed.

Sexual Offending on College Campuses

College campuses have frequently been used by researchers at universities seeking convenience samples for small studies. College campuses have also become of interest to researchers and policymakers in order to better understand the unique risks for young people during their likely first experience of living without parental supervision.

In a special study on the victimization of college students, BJS found that students experience both violent crime and serious violent crime at lower rates than nonstudents of the same age (Hart, 2003). Campuses themselves may provide some protection, as BJS found: “The number of off-campus victimizations of college students was over 14 times greater than the number of on-campus victimizations” (Hart, 2003, p. 1). The only category of violent crime for which the rates were not lower on college campuses was rape. Unlike robbery, aggravated assault, and simple assault, rape was reported at the same rate for those on campuses and same-age nonstudents. Several studies further examine rape and sexual victimization on college campuses.

In examining lifetime exposure to sexual violence, higher rates of rape victimization tend to be found for college women. Kilpatrick and colleagues (2007) conducted a national telephone survey of drug-facilitated, incapacitated and forcible rape¹² that included 2,000 women attending college. **The study found that 11.5 percent had experienced rape during their lifetime. When looking at past-year victimizations, they found that 5.2 percent of college women were raped. Of those reporting rape in this study, about 12 percent of the crimes were reported to law enforcement.** Victims of drug-facilitated and incapacitated rape were less likely than victims of forcible rape to report to the authorities (Kilpatrick et al., 2007).

A larger and more recent study found that similar levels of college women reported being sexually victimized in their lifetime. McCauley and colleagues (2009) interviewed a national sample of 1,980 college women and found that 11.3 percent reported having been sexually victimized at some point in their life.

The link between alcohol or drug use and sexual victimization has been studied, with consistent findings of a strong connection. Mohler-Kuo and colleagues (2004) surveyed nearly 24,000 women between 1997 and 2001 in the College Alcohol Study. They found that 4.7 percent had been raped and of those, 72 percent were intoxicated at the time the incident occurred (Mohler-Kuo et al., 2004). In a survey of approximately 300 female college students, Lawyer and colleagues (2010) found that 29.6 percent of the respondents reported a drug-related sexual assault or rape, and 5.4 percent reported a forcible sexual assault or rape. Voluntary incapacitation (via drugs or alcohol) preceded 84.6 percent of drug-related assaults, and involuntary incapacitation preceded 15.4 percent of drug-related assaults. The majority of drug-related assaults (96.1 percent) involved alcohol consumption prior to assault (Lawyer et al., 2010).

Further, when looking at stalking behavior on college campuses as part of NCVS, Fisher, Cullen and Turner (2000) found that 13 percent of college women had been stalked. This rate of victimization is much higher than that reported by Tjaden and Thoennes (2006). The key difference in the studies is the age of the sample population. While Tjaden and Thoennes (2006) studied all ages, Fisher, Cullen and Turner (2000) studied college students exclusively — an age group at higher risk for stalking.

In a study of NCVS sexual victimization data of college age females (aged 18-24) from 1995-2013, college students had a 20 percent reporting rate (6.1 per 1,000) while nonstudents had a 32 percent rate (7.6 per 1,000). Eight of 10 victims knew the offender prior to the offense across both groups. Fifty-one percent of students were sexually victimized during leisure activities away from home, while 50 percent of nonstudents were sexually victimized during other activities at home (Sinozich & Langton, 2014).

Finally, as part of a systematic review of studies on prevalence findings from sexual assault on college campuses from 2000-2015 ($n = 34$ studies), Fedina et al. (2016) found the range of completed rape rate was 0.5-8 percent, unwanted sexual contact rate was 1.8-34 percent for females and 4.8-31 percent for males, and incapacitated rape rate was 1.8-14.2 percent for females and 1.9 percent for males. Overall, the composite sexual assault range was 6-44.2 percent for females and 1.4-3.2 percent for males. Variations in findings are attributed to differences in research designs, sampling strategies and characteristics, measures used, behavior definitions, time frames and the presence or absence of provided examples. The authors noted that “the majority of research has sampled predominately White, heterosexual, female students attending four-year colleges and prevalence findings are limited to this population” (Fedina et al., 2016, p. 15).

In summary, college students seem to be at unique risk for sexual violence and warrant the increased attention paid by policymakers in the form of sexual violence prevention and intervention programs. Tharp and colleagues (2015) further suggest that such efforts must not only focus on rape but also on unwanted sexual contact and verbal sexual harassment. Finally, a summary of the research related to bystander interventions to prevent sexual violence on college campuses described this strategy as effective and one worthy of further consideration (Fenton et al., 2016).

Sexual Offending Against Individuals With Disabilities

The rate at which individuals with disabilities are victimized is not well understood. Until mandated by law, no national statistics on this population were gathered in the United States. The few studies that have been conducted are mainly outside the United States or are exploratory in nature. Petersilia (2001, p. 658) described the state of literature in the field as “... not a scientifically rigorous literature, consisting mostly of anecdotal evidence, data from convenience samples and nonrandom program evaluations.”

Key issues for individuals with disabilities include challenges reporting crimes and being believed or taken seriously when they do report crimes. This problem is documented in Sorensen (2002), who refers to crime victims with disabilities as “invisible.” Another challenge is repeat victimization. In a Canadian study of 162 individuals with cognitive disabilities, Sobsey and Doe (1991) found that 80 percent of those who had been sexually assaulted had been victimized more than once, while 49.6 percent had experienced 10 or more sexual assaults.

In a survey ($n = 352$) of adult family caregivers and advocates (84.2 percent of the sample) and school-age child victims of sexual assault who have developmental disabilities (15.8 percent of the sample), respondents reported behaviors including having clothes pulled off or down (41 percent of the sample), having genitals exposed (40.4 percent of the sample), and forced intercourse (30.1 percent of the sample). Finally, 75.6 percent of respondents who reported victimization noted multiple incidents (Caldas & Bensy, 2014).

In one of the few studies specifically designed to gather data from individuals with cognitive disabilities, Wilson and Brewer (1992) surveyed 174 individuals at a sheltered workshop in Australia. The study found that the rate of sexual assault was 10.7 times greater in the sheltered workshop than for the general population (Wilson & Brewer, 1992). Further, Wilson and Brewer (1992) found that rates of victimization were greater for individuals living in institutions. The Crime Victims with Disabilities Awareness Act became law in 1998 to “increase public awareness of the plight of victims of crime with developmental disabilities, to collect data to measure the magnitude of the problem, and to develop strategies to address the safety and justice needs of victims of crime with developmental disabilities” (P.L. 105–301, October 27, 1998). NCVS now includes statistics on the rate of victimization of individuals with disabilities.

In examining the data collected as part of the 2008 NCVS, Harrell and Rand (2010) found that the rate of violent crime against individuals with disabilities is twice that of individuals without disabilities. When adjusted for age, the rate of victimization for individuals with disabilities is two to three times higher than it is for individuals without disabilities for each type of violent crime measured (rape/sexual assault, robbery, aggravated assault, and simple assault). When measuring rates of victimization for rape/sexual assault, the age-adjusted victimization rate for individuals with disabilities is more than twice that of individuals without disabilities. Individuals with disabilities were slightly less likely than individuals without disabilities to offer resistance to the offender during a crime. Within measured categories of disability (hearing, vision, ambulatory, cognitive, self-care and independent living), individuals with cognitive disabilities had the highest risk of victimization (Harrell & Rand, 2010).

These data are limited in that they do not include those residing in institutions. A significant number of individuals with disabilities reside in institutions, particularly those with severe disabilities. In addition, the format for the NCVS interviews may limit the ability of individuals with hearing or cognitive disabilities to participate. Individuals with cognitive disabilities may have difficulty understanding the terminology used in the interview questionnaire, and individuals with hearing impairments may not be able to participate in telephone interviews. Finally, when proxy interviews are allowed for individuals who are not able to answer for themselves due to cognitive or communication challenges, it may lead to underreporting of victimization. The proxy responder may not know about the victimization, or could even be the perpetrator of abuse. In these cases, the crime would go unreported (Harrell & Rand, 2010).

The issue of sexual offending against individuals with disabilities is receiving more attention today than in the past, yet both the rate and characteristics of sexual victimization involving individuals with disabilities is not well understood. Clearly, more and better data are needed to determine the extent of sexual offending against this population.

Sexual Offending Against Members of the Military

Depending on the population studied and the definitions used, the extent of sexual offending against members of the military varies widely. **Studies have produced estimates suggesting that as few as 4 percent and as many as 78 percent of armed forces members have been the victim of a sex offense** (Bastian, Lancaster, & Reyst, 1995).

Unfortunately, there has been little consistency across studies in the methodologies, sample population characteristics, definitions of sexual offending, and the wording of questions used to determine if a sex offense has occurred. In response to congressional reporting requirements, the U.S. Department of Defense (DoD) now collects data on sexual offending against active-duty service members. However, this data collection effort — in place since 2002 — only addresses active-duty personnel. A major shortcoming of the data collected by the department is the reluctance of service members to report acts of sexual misconduct. Scholars are beginning to

look at the experience of military personnel both during active military service and after, but far more work is needed to understand the incidence and prevalence of sexual offending against this population.

The Navy’s Tailhook convention scandal in 1991 and the cases of sexual harassment and sexual assault at the Army training camp in Aberdeen, Maryland, in 1996 drew public attention to how women are treated in the military.

The department undertook a study of sexual harassment among active-duty military members in 1994 and published the results in 1995. Results of this study showed that 55 percent of women and 14 percent of men reported one or more incidents of harassment at work during the prior year. When asked about unwanted “sex-related attention” at work or off duty, 78 percent of women and 38 percent of men reported they had been harassed in the prior year (Bastian, Lancaster & Reyst, 1995). Researchers asked about five types of unwanted sex-related attention: sexual assault, sexual coercion, unwanted sexual attention, sexist behavior and crude/offensive behavior. Table 1-1 shows the results for women and men respondents.

Table 1-1. Percentage of Women and Men Subject to Unwanted Sex-Related Attention, by Type

Type	Percentage of All Respondents Reporting	
	Women	Men
Any type (one or more)	78	38
Sexual assault	6	1
Sexual coercion	13	2
Unwanted sexual attention	41	8
Sexist behavior	63	15
Crude/offensive behavior	70	35

Source: Bastian, Lancaster & Reyst, 1995.

Many service members did not consider the experiences they reported to be sexual harassment. Although 78 percent of women and 38 percent of men reported experiences that fell into the five categories presented in Table 1-1, only 52 percent of women and 9 percent of men indicated that their experiences constituted sexual harassment (Bastian, Lancaster & Reyst, 1995). Of those who indicated sexual harassment in the survey, 24 percent reported their experience to someone else, including 40 percent of women and 17 percent of men (Bastian, Lancaster & Reyst, 1995). For those who reported the experience to someone else, the vast majority were not investigated, with only 14 percent of women and 4 percent of men indicating that the harassment was being investigated. Further, 10 percent of women and 7 percent of men were encouraged to drop their complaint, and 23 percent of women and 16 percent of men indicated their report was not taken seriously. Of those who reported the incident, 21 percent of women and 12 percent of men indicated that a supervisor or coworker was hostile after the complaint was reported (Bastian, Lancaster & Reyst, 1995).

Since 2002, the department has been required by law to conduct a quadrennial Workplace and Gender Relations Survey of Active Duty Members. This survey assesses the extent of “unwanted sexual contact”¹³ between military service academy members (Rock et al., 2011). Data from 2014 found that 8.2 percent of women and 1.1 percent of men experienced some form of unwanted sexual contact during the previous year, down from 12.4 percent and 2 percent respectively in 2012 (DoD, 2015). In the same study, 48 percent of women and 10 percent of men experienced some form of sexual harassment, which, compared to 2012, is a decrease from 51 percent of women and unchanged for men. These statistics may underestimate the extent of unwanted sexual contact, as “8 of 10 sexual assaults in the military go unreported” (Whitley, 2010, p. 1). The study also found that there were 28 complaints of sexual harassment at military service academies for the

academic program year 2014–15, up from 20 in 2013–14; additionally, there were 91 sexual assault reports in 2014–15, up from 59 in the prior year (DoD, 2016a).

The DoD also completes an annual summary of the number of sexual assaults and sexual harassment complaints reported by military service members (DoD, 2016b). There were 6,083 reports of sexual assault involving service members in 2015, a 1 percent decrease from the number reported in 2014. In addition, there were 657 sexual harassment complaints, of which 56 percent were found to be substantiated.

In a national cross-sectional study of women serving in the military from 1971 to 2002 (Vietnam era to Persian Gulf era), Sadler and colleagues (2003) found that 79 percent reported sexual harassment during their military service, 54 percent reported unwanted sexual contact, and 30 percent reported one or more completed rapes (Sadler et al., 2003). Of those who had been raped, 14 percent indicated they had been gang raped. The study found that rape occurred more frequently on base, often in the barracks. The definition of rape used in this study was that adopted by the American Medical Association and the American College of Obstetricians and Gynecologists.

In examining the extent of sexual offending against veterans of military service while they were still active, recent attention has focused on military sexual trauma (MST), defined by the U.S. Department of Veterans Affairs as sexual assault or harassment during military service. Recognizing the importance of providing services, department hospitals now provide free services to survivors of MST, regardless of their eligibility for any other department services (Center for Women Veterans, 2011). The department has also supported research to understand the extent and consequences of MST.

Since 2002, the Veterans Health Administration has implemented universal screening for MST for veterans returning from Afghanistan and Iraq. The first national, population-based study of veterans accessing administration services after returning from Afghanistan or Iraq shows MST in 15.1 percent of women and 0.7 percent of men (Kimerling et al., 2010). This study was a cohort analysis of the medical records of 22,000 women and 143,000 men. High rates of postdeployment mental health conditions were found among all patients, and those with MST were significantly more likely to have a mental health diagnosis. This study may underestimate the extent of MST due to underreporting. Burnam and colleagues (2009) documented the stigma associated with seeking help among Afghanistan and Iraq war veterans. Examples of the stigma associated with help-seeking for MST are shame, desire to maintain unit cohesion, and fear related to reporting a fellow service member with whom the victim may continue to work.

Underreporting of incidents of sexual offending is a serious problem. A U.S. Government Accountability Office (GAO) survey found that half of service members who had indicated they had been sexually assaulted in the prior year did not report the assault (GAO, 2008). The office also found that even after being trained, 13 to 43 percent of military personnel were not sure how to report an assault (GAO, 2008). Sadler and colleagues (2003) reported that one-third of military women were uncertain of specific steps to take to report a rape and only 26 percent of victims reported their rape to a superior officer. It has been suggested that the range of reasons for not reporting include the victim's fear that he or she will not be believed, shame, and fear of retaliation, being negatively judged, being revictimized, having to continue to serve alongside the perpetrator, and being prosecuted for other problematic or illegal behavior that occurred at the time of the attack, such as underage drinking, adultery, and so forth (DoD, 2004; GAO, 2008; Mullins, 2005; U.S. Air Force, 2002). Sadler and colleagues (2003, p. 5) found that one-fifth of victims did not report their attack because they believed that "rape was to be expected in the military."

In a study with a convenience sample of 196 female veterans, 72 percent reported that they had experienced sexual abuse (Himmelfarb, Yeager & Mintz, 2006). This study differs from others in that it asked participants about sexual abuse that occurred during their childhood, during adulthood but before military service, during

the time of their military service, and after their military service. Many other studies of MST among female veterans focus on the time of military service or solely on adulthood, and therefore are not comparable. This study was conducted at a Veterans Administration hospital in Los Angeles. The sample is not representative of the ethnic makeup of female veterans as a whole, or of those in other regions. The study participants volunteered to be in the study and may differ in their level of MST from those who chose not to participate. Also, the sample may not be representative of female veterans as clinical populations typically report higher levels of trauma than nonclinical populations (Himmelfarb, Yeager & Mintz, 2006).

The issue of sexual offending against members of the military has received significant attention in the media in recent years, and DoD has placed a renewed emphasis on prevention and intervention policies and practices. Still, more study on the extent, nature and dynamics of sexual offending involving members of the military is warranted to determine future policy directions.

Sexual Offending Against Native Americans in Indian Country

Native Americans comprise 0.9 percent of the U.S. population, or 2.9 million. Across the 565 federally recognized tribes (per the Bureau of Indian Affairs), there is no single, standardized repository of crime data to measure the extent of sexual offending against victims in Indian Country; thus, estimates of sexual offending in Indian Country are imprecise. Even though none of the existing estimates regarding the extent of sexual offending or victimization in Indian Country are precise, **the available data consistently indicate that Native American women experience violent victimization and sexual victimization at significantly higher rates than other women in the United States.**

NCVS's most recently published results do not provide victimization rates for Native Americans.¹⁴ This is due to the reduction in the overall sample size for NCVS that recently occurred and the impact it had on the size of subsamples for certain groups, such as Native Americans. In short, Native Americans are no longer sampled in sufficient numbers to provide valid statistics for the group. To have an accurate national estimate of victimization against Native American women, NCVS would need to return to its original sample size.

In NVAWS, conducted in 1995 and 1996, 34 percent of Native American women reported a victimization of rape at some point in their life — the highest victimization rate of any racial or ethnic group and nearly twice the national average for all ethnic groups. The number of male rape victims cannot be estimated from this source due to the low numbers reported (Tjaden & Thoennes, 2006). The data sample for this survey included telephone interviews with a total of 88 Native American women and 105 Native American men. Caution is necessary when generalizing about 2.9 million Native American women and men from this sample of 193 individuals.

In their 1998 research, Tjaden and Thoennes found that lifetime victimization rates for stalking are higher for Native American women than for women of any other ethnicity examined in their study. For Native American women, the lifetime rate of victimization for stalking was 17 percent, while the rate for the study population as a whole was 8.2 percent (Tjaden & Thoennes, 1998). Similarly, Native American men reported higher lifetime victimization for the crime of stalking, with a rate of 4.8 percent compared to the 2.3 percent lifetime rate for men in the study population as a whole.

Available estimates of the extent of victimization are consistent in indicating high levels of victimization among Native American women. Few large-scale studies exist to describe the nature of victimization of Native American women. However, the studies that do exist point to a need for further research.

Hamby found that Native American women were twice as likely as women of other racial and ethnic groups to say that police would not believe them or would blame them if they reported a rape (Hamby, 2008). Hamby also found other barriers for Native American victims in seeking help from law enforcement, including prejudice, conflict between Western and Native values, language barriers, and poverty. Getting help is also

complicated by jurisdictional issues if the crime takes place in Indian Country, as often it is not clear which law enforcement entity has jurisdiction to prosecute the crime. For crimes that occur on Indian lands, jurisdiction for handling the investigation may fall to federal, state, or tribal law enforcement, depending on whether the perpetrator is Indian or non-Indian as well as on the nature of the crime (e.g., felony, misdemeanor).

Bachman and colleagues (2010) found that rapes involving Native American women are more severe than rapes committed against other women. Analyzing archived data from NCVS, Bachman and colleagues (2010) found that 94 percent of rapes reported by Native American women involved physical assault, compared to 74 percent of rapes reported by non-Native American women. Fifty percent of Native American women rape victims were physically injured during the rape, compared to 30 percent of non-Native American women rape victims. Finally, more than three times as many rapes of Native Americans involved weapons — 34 percent compared to 11 percent (Bachman et al., 2010).

Hamby and Skupien (1998) conducted in-person interviews with 117 women living on the San Carlos Apache Reservation and found that in their current relationship, 75 percent had experienced physical violence from their partner and 62 percent had been injured by their partner. In a study of 341 women who visited health clinics located on the Navajo Nation Reservation, Fairchild, Fairchild and Shirley (1998) found that 42 percent had been physically assaulted and 12 percent had been sexually assaulted by a partner in their lifetime.

Comparisons across these studies are difficult as the sample sizes, sampling methods, study methods and definitions used are different. Many of the studies use convenience samples, which may make the results less generalizable to the broader population. Further, there may be differences in the experience of Native American women in rural areas and urban areas, yet this has not been studied. Also, methods of data collection differ. For example, Tjaden and Thoennes used a telephone survey with random-digit dialing to select participants; Fairchild, Fairchild and Shirley (1998) used in-person interviews conducted among medical clinic populations; and Hamby and Skupien (1998) used in-person interviews but recruited volunteers via media outreach.

Amnesty International found that Native American victims seeking help at their local health facility may not get the help they need, as facilities often lack rape kits or the specialized training needed to preserve evidence for use at trial. The organization reported that 44 percent of Indian Health Service facilities lack personnel trained to provide emergency services to respond to sexual violence, and 30 percent lack the basic protocols for treating victims (Amnesty International, 2007).

Similarly, the scarcity of resources in the criminal justice system in Indian Country is also a challenge. The Bureau of Indian Affairs reported that more than 30 Indian reservations had violent crime rates that exceeded the national average in fiscal year 2008. Many of these reservations have law enforcement staffing shortages that require a handful of officers to cover geographically large areas. For example, according to the Senate report accompanying the Tribal Law and Order Act of 2009 (Report 111–93), the Wind River Indian Reservation in Wyoming (with a violent crime rate that is more than three times the national rate) has only six or seven officers to patrol 2.2 million acres of reservation land. With two or three officers on duty at any given time, each could be responsible for covering 1 million acres (U.S. Senate, 2009).

Sexual assault has a significant impact on members of the Native American community. Despite the limitations of the available data, sexual victimization appears to occur disproportionately among Native American women, and resources for preventing and responding to sexual offenses in Indian Country appear to be inadequate and fragmented. While more research and better data collection systems are needed to document and understand sexual offending and victimization in Indian Country more thoroughly, there is little question that the problem of sexual offending against Native Americans warrants greater attention. As a result, the Attorney General's Advisory Committee on American Indian and Alaska Native Children Exposed to Violence (2014) emphasized

the need to address issues of violence, including sexual violence, against Native American children. Finally, the National Institute of Justice (NIJ) has developed a comprehensive research program to address violence against Native American women, and is testing a survey instrument administered by Native American researchers via computer assisted personal interviewing (Crossland et al., 2013).

Summary

Although credible conclusions are difficult to make given the limitations of the available data, statistics from several key sources suggest that the incidence of sexual offending may be declining. UCR data on sex crimes reported to the police, NCVS data on sexual victimizations, and NCANDS data on substantiated reports of child abuse and neglect all present a consistent picture of declining incidence over time. Whether this pattern can be explained by factors other than a true decline remains subject to debate, but the convergence of key indicators and other empirical evidence suggests that the true decline hypothesis should be further examined and not dismissed (Finkelhor & Jones, 2004). Keeping in mind the limitations of the data, policymakers are encouraged to monitor key indicators of incidence over time and to work with researchers to better understand the factors influencing patterns in the data, including the roles of various policies and practices designed to prevent, treat or otherwise intervene in sexual offending behavior.

Knowledge Gaps and Recommendations for Future Research

RESULTS FROM THE SOMAPI INVENTORY OF PROMISING PRACTICES

- **Q: What would you identify as gaps or needs in your field?**
 - Additional specialized training, ongoing professional development for treatment and supervision staff.
 - Appropriate release placements for sex offenders.
 - Better communication with the releasing agency about where the offender is going to reside.
 - Qualified sex offender therapists to handle these cases.
 - Community education and involvement.
 - Public education ... housing restrictions have significantly negatively influenced offender success in the community.
- **Q: What type of assistance can the SMART Office provide to help you do your job better or address these gaps/needs?**
 - Support of research, start-up financing for new approaches and political support for evidence-based initiatives.
 - Remain aware of trends and actual best practices, serve as information dissemination and sharing source and help to define standards for best practice.
 - Develop mechanisms to make sex offender case files and court documents more accessible to law enforcement.
 - Provide resources to train parole agencies about effective case management collaboration.

With so many inconsistencies and uncertainties in the available data, identifying the most important knowledge gaps and priorities for future research is a daunting task. Nevertheless, to improve our

understanding of the incidence and prevalence of sexual offending, several of the most pressing issues that warrant examination are as follows:

- **Rates of disclosure.** Evidence indicates that victims sometimes choose not to disclose crimes that have been committed against them. In some cases, it may be to save themselves from re-experiencing the trauma of the event. **The SOMAPI forum participants identified the need for additional research concerning the ways the criminal justice system contributes to underreporting and the steps that can be taken to address the problem and improve support for victims.**
- **Victim perception of the crime.** With so many victims not labeling a sexual victimization as a crime or a rape, further study is needed to help identify the factors within the victimization experience (e.g., offender manipulation, posttraumatic stress disorder) that shape victims' perceptions of the offending behavior.
- **Wording of questions.** Some evidence suggests that the way in which questions are worded in a victimization survey will influence reported levels of sexual violence. For example, Cook and colleagues (2011) reported that when the question uses the tactic of leading with a behaviorally specific description of an unwanted sexual act rather than a question about the sexual act, greater rates of victimization and perpetration are described by both men and women. This merits further investigation.
- **Prevention.** The literature on what works in preventing sexual abuse is neither complete nor rigorous. More study in this area could provide insight into how best to allocate scarce resources.
- **Vulnerable populations.** More research is needed to understand the extent and nature of sexual victimization of individuals in vulnerable situations, including children in schools or youth programs, young adults on college campuses, the elderly, individuals with disabilities, and those living in rural and hard-to-reach areas (including Native American and Alaska Native women and men). Individuals in settings such as these may have limited ability to protect themselves or seek help after victimization.

Without valid data on the nature and extent of sexual victimization, policymakers and practitioners are more likely to rely on anecdotes, opinions or stereotypes rather than facts when developing prevention and intervention strategies. Gaining a better understanding of the extent and nature of sexual victimization will help policymakers and practitioners develop responses that are both more effective and more responsive to the needs of victims.

Given the current state of our knowledge base, there is an acute need to both improve and expand our data on the incidence and prevalence of sexual victimization. In particular, work should be done to enhance the comparability of incidence and prevalence data from different sources and time periods. Currently, methodological variations — including differences in the ways sex crimes and victimizations are defined — make comparisons across data sources and time periods challenging. Agencies responsible for administering data collection efforts should actively seek opportunities to implement common and consistent data collection methodologies when possible. Funding for such efforts and for the expansion of data collection is critically needed.

There also is an acute need to learn more about the underreporting of sex crimes. Steps should be taken to create an environment in which victims feel appropriately supported and protected in the criminal justice and service delivery systems. **Many of the barriers to reporting have already been identified through research, but SOMAPI forum participants acknowledged the need for further study in this area.** In addition, policymakers must be committed to making the types of changes within the criminal justice and service delivery systems that are needed to overcome reporting barriers. Just as importantly, steps should be taken to help ensure that victims are not re-traumatized when reporting any victimization to authorities or when supporting the prosecution of perpetrators.

Sex offenders do not typically self-report sex crimes.

Finally, it is important to acknowledge that even when sex offender management approaches are designed and delivered based on scientific evidence, hidden offending presents significant challenges. (For more, see Chapter 8: “Sex Offender Management Strategies,” in the Adult section.) Given the number of sex crimes that go unreported, the number of sex offenders that have never come to the attention of authorities, and the disproportionate attrition of certain sex offenses and sex offenders within the criminal justice system, any perception or expectation on the part of the public or policymakers that sex offender management professionals working in the community are providing victims and the public with protection against *all* sex offenders is unrealistic. Simply put, there are many unidentified sex offenders who are not being managed within existing systems and much reoffending that is not accounted for in the management process. Therefore, practitioners must be up front about these limitations and expectations for sex offender management on the part of the public, and policymakers must be tempered accordingly.

An accurate accounting of sexual offending is virtually impossible because so many sex crimes are hidden from public view.

Notes

1. The following eight crimes that are reported to the police make up Part I of UCR: criminal homicide, forcible rape, robbery, aggravated assault, burglary (breaking or entering), larceny-theft (other than motor vehicle theft), motor vehicle theft and arson.
2. The limitations of the pre-2012 definition are highlighted in the sidebar “UCR Strengths and Weaknesses.” Based on the noted weaknesses, Attorney General Eric Holder announced a revision to the UCR definition of rape to include penetration of the anus by any body part or object and penetration of the mouth by a sex organ, and also to add male victims (Holder, 2012).
3. Similar to the UCR definition of forcible rape, the NCVS definition of rape/sexual assault is also currently being revised to facilitate the development of standard measurements of rape and sexual assault.
4. For an investigation of the accuracy of the NCVS measures of rape and sexual assault, and recommendations for best practices, see the National Research Council. (2014). *Estimating the Incidence of Rape and Sexual Assault*. Panel on Measuring Rape and Sexual Assault in Bureau of Justice Statistics Household Surveys, C. Kruttschnitt, W.D. Kalsbeek, and C.C. House, Editors. Committee on National Statistics, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press.
5. In 2000, NIJ and BJS compared the methodologies of NCVS and NVAWS and found that behaviorally specific questions outside of the crime context substantially increased reporting of violence.
6. The following results are discussed in Blake (2011).
7. For example, being hit with a fist, beaten or slammed against something.

8. Screened-in reports are those that the state child protection agency has determined warrant further investigation or some other type of response (screened out = no further action).
9. Both SILJ and SISFCF are currently being reformulated, and SISFCF will next be completed for inmates in 2012.
10. A number of other specialized topic areas related to sexual victimization are not addressed here (e.g., sexual victimization occurring within detention centers, jails and prisons, as emphasized by the Prison Rape Elimination Act [PREA]). For more information on this topic, read *PREA Data Collection Activities, 2011*, <http://bjs.ojp.usdoj.gov/content/pub/pdf/pdca11.pdf>.
11. Nonprobability samples can include a convenience sample, which is a study of subjects taken from a group that is accessible to the researcher (e.g., college students), or snowball sampling, which is typically used for harder-to-access groups, by targeting the social networks between group members to build a sample.
12. See the previous section in this chapter on the DAFR study.
13. The term “unwanted sexual contact,” although not defined in the Uniform Code of Military Justice (UCMJ), is an umbrella term designed to encompass certain acts prohibited by the UCMJ, including rape, nonconsensual sodomy (oral or anal sex) and indecent assault (unwanted, inappropriate sexual contact or fondling) (Rock et al., 2011).
14. The “other race” category in NCVS now includes “American Indians, Alaska Natives, Asians, Native Hawaiians and other Pacific Islanders” (BJS, 2011).

References

- Amnesty International (2007). *Maze of Injustice*. New York: Amnesty International USA.
- Attorney General’s Advisory Committee on American Indian and Alaska Native Children Exposed to Violence (2014). *Ending Violence So Children Can Thrive*. Retrieved from: https://www.justice.gov/sites/default/files/defendingchildhood/pages/attachments/2015/03/23/ending_violence_so_children_can_thrive.pdf.
- Bachman, R. (1998). Factors related to rape reporting behavior and arrest: New evidence from the National Crime Victimization Survey. *Criminal Justice and Behavior, 25*(1), 8–29.
- Bachman, R. & Taylor, B. (1994). The measurement of family violence and rape by the redesigned National Crime Victimization Survey. *Justice Quarterly, 11*(3), 499–512.
- Bachman, R., Zaykowski, H., Lanier, C., Poteyeva, M. & Kallmyer, R. (2010). Estimating the magnitude of rape and sexual assault against American Indian and Alaska Native (AIAN) Women. *Australian and New Zealand Journal of Criminology, 43*(2), 199.
- Bastian, L.D., Lancaster, A.R. & Reyst, H.E. (1995). *Department of Defense 1995 Sexual Harassment Study*. Arlington, VA: Defense Manpower Data Center.
- Baum, K., Catalano, S., Rand, M. & Rose, K. (2009). *Stalking Victimization in the United States*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

Beck, A.J. (2015). *PREA Data Collection Activities, 2015*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Retrieved from: <http://www.bjs.gov/content/pub/pdf/pdca15.pdf>.

Beck, A.J. & Rantala, R.R. (2016). *Sexual Victimization Reported by Correctional Authorities, 2007–12*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Retrieved from: <http://www.bjs.gov/index.cfm?ty=pbdetail&iid=5560>.

Bierie, D.M. & Davis-Siegel, J.C. (2015). Measurement Matters: Comparing Old and New Definitions of Rape in Federal Statistical Reporting. *Sexual Abuse: A Journal of Research and Treatment, 27*(5), 443–459.

Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J. & Stevens, M.R. (2011). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.

Breiding, M.J., Smith, S.G., Basile, K.C., Walters, M.L., Chen, J. & Merrick, M.T. (2014). Prevalence and Characteristics of Sexual Violence, Stalking, and Intimate Partner Violence Victimization – National Intimate Partner and Sexual Violence Survey, 2011. *Morbidity and Mortality Weekly Report Surveillance Summaries, 63*(8), 1–18.

Bureau of Justice Statistics (BJS). (2011). *Criminal Victimization in the United States, 2008, Statistical Tables*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. Retrieved from: www.bjs.gov/content/pub/pdf/cvus0801.pdf.

Burnam, M., Meredith, L.S., Tanielian, T. & Jaycox, L.H. (2009). Mental health care for Iraq and Afghanistan war veterans. *Health Affairs, 28*(3), 771–782.

Caldas, S.J., & Bensy, M.L. (2014). The Sexual Maltreatment of Students with Disabilities in American School Settings. *Journal of Child Sexual Abuse, 23*, 345–366.

Center for Women Veterans (2011). *25 Frequently Asked Questions from Women Veterans*. Washington, DC: U.S. Department of Veterans Affairs, Center for Women Veterans. Retrieved from: <https://www.visn12.va.gov/docs/wvh/25FAQs.pdf>.

Children’s Bureau (2014). *Child Maltreatment 2014*. Washington, DC: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau. Retrieved from: <https://www.acf.hhs.gov/sites/default/files/cb/cm2014.pdf>.

Cook, S.L., Gidycz, C.A., Koss, M.P. & Murphy, M. (2011). Emerging issues in the measurement of rape victimization. *Violence Against Women, 17*(2), 201–218.

Crossland, C., Palmer, J. & Brooks, A. (2013). NIJ’s Program of Research on Violence Against American Indian and Alaska Native Women. *Violence Against Women, 19*(6), 771–790.

Crouch, J.L., Hanson, R.F., Saunders, B.E., Kilpatrick, D.G. & Resnick, H.S. (2000). Income race/ethnicity and exposure to violence in youth: Results from the national survey of adolescents. *Journal of Community Psychology, 28*, 625–641.

Fairchild, D., Fairchild, M. & Shirley, S. (1998). Prevalence of adult domestic violence among women seeking routine care in a Native American health care facility. *The American Journal of Public Health, 88*(10), 1515.

Federal Bureau of Investigation (FBI) (2004). *Crime in the United States, 2004*. Clarksburg, WV: U.S. Department of Justice, Federal Bureau of Investigation, Criminal Justice Information Services Division. Retrieved from: www2.fbi.gov/ucr/cius_04/documents/CIUS2004.pdf.

Federal Bureau of Investigation (FBI) (2009a). *Crime in the United States, 2009 — Offenses Cleared*. Clarksburg, WV: U.S. Department of Justice, Federal Bureau of Investigation, Criminal Justice Information Services Division. Retrieved from: www2.fbi.gov/ucr/cius2009/offenses/clearances/index.html#figure.

Federal Bureau of Investigation (FBI) (2009b). *Crime in the United States, 2009 — Table 29*. Clarksburg, WV: U.S. Department of Justice, Federal Bureau of Investigation, Criminal Justice Information Services Division. Retrieved from: www2.fbi.gov/ucr/cius2009/data/table_29.html.

Federal Bureau of Investigation (FBI) (2009c). *Crime in the United States, 2009 — Arrests*. Clarksburg, WV: U.S. Department of Justice, Federal Bureau of Investigation, Criminal Justice Information Services Division. Retrieved from: www2.fbi.gov/ucr/cius2009/arrests/index.html.

Federal Bureau of Investigation (FBI) (2014). *Crime in the United States, 2013*. Clarksburg, WV: U.S. Department of Justice, Federal Bureau of Investigation, Criminal Justice Information Services Division. Retrieved from: https://www.fbi.gov/about-us/cjis/ucr/crime-in-the-u.s/2013/crime-in-the-u.s.-2013/rape-addendum/rape_addendum_final.

Fedina, L., Lynne Holmes, J. & Backes, B.L. (2016). Campus Sexual Assault: A Systematic Review of Prevalence Research From 2000 to 2015. *Trauma, Violence & Abuse*. Published online before print on February 22, 2016, doi: 10.1177/1524838016631129.

Felitti, V.J., Anda, R.F., Nordenberg, D., Williamson, D.F., Spitz, A.M., Edwards, V., Koss, M.P. & Marks, J.S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. *American Journal of Preventive Medicine, 14*(4).

Fenton, R.A., Mott, H.L., McCarten, K. and Rumney, P.N.S. (2016). *A review of evidence for bystander intervention to prevent sexual and domestic violence in universities*. London: Public Health England.

Finkelhor, D., Hammer, H. & Sedlak, A. (2008). *Sexually Assaulted Children: National Estimates and Characteristics*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Finkelhor, D. & Jones, L.M. (2004). *Explanations for the Decline in Child Sexual Abuse Cases*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Finkelhor, D., Ormrod, R., Turner, H. & Hamby, S.L. (2005). The victimization of children and youth: A comprehensive national study. *Child Maltreatment, 10*(1), 5–25.

Finkelhor, D., Turner, H. Shattuck, A., Hamby, S. & Kracke, K. (2015). *Children's Exposure to Violence, Crime and Abuse: An Update*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention. Retrieved from: <http://www.ojjdp.gov/pubs/248547.pdf>.

Fisher, B. (2009). The effects of survey question wording on rape estimates: Evidence from a quasi-experimental design. *Violence Against Women, 15*(2), 133–147.

Fisher, B.S., Cullen, F.T. & Turner, M.G. (2000). *The Sexual Victimization of College Women*. Research Report. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

- Fox, K., Nobles, M. & Bonnie S.F. (2011). Method behind the madness: An examination of stalking measurements. *Aggression and Violent Behavior, 16*(1), 74–84.
- Hamby, S. (2008). The path of helpseeking: Perceptions of law enforcement among American Indian victims of sexual assault. *Journal of Prevention & Intervention in the Community, 36*(1-2), 89–104.
- Hamby, S.L. & Skupien, M.B. (1998). Domestic violence on the San Carlos Apache Reservation: rates, associated psychological symptoms and current beliefs. *The IHS Primary Care Provider, 23*, No. 8, 103–106. Retrieved from: https://www.ihs.gov/provider/includes/themes/newihstheme/display_objects/documents/1990_1999/PROV0898.pdf.
- Harrell, E. & Rand, M. (2010). *Crime Against People With Disabilities, 2008*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- Hart, T. (2003). *Violent Victimization of College Students*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- Himmelfarb, N., Yaeger, D. & Mintz, J. (2006). Posttraumatic stress disorder in female veterans with military and civilian sexual trauma. *Journal of Traumatic Stress, 19*(6), 837–846.
- Holder, E. (2012). *Attorney General Eric Holder Announces Revisions to the Uniform Crime Report's Definition of Rape*. Press release. Washington, DC: U.S. Department of Justice. Retrieved from: www.justice.gov/opa/pr/2012/January/12-ag-018.html.
- James, D.J. (2004). *Profile of Jail Inmates, 2002*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- Kann, L., Kinchen, S., Shanklin, S.L., Flint, K.H., Hawkins, J., Harris, W.A., Lowry, R., O'Malley Olson, E., McManus, T., Chyen, D., Whittle, L., Taylor, E., Demissie, Z., Brener, N., Thornton, J., Moore, J. & Zaza, S. (2014). Youth Risk Behavior Survey — United States, 2013. *Morbidity and Mortality Weekly Report Surveillance Summaries, 63*(4), 1–168.
- Kilpatrick, D., Resnick, H., Ruggiero, K., Conoscenti, L. & McCauley, J. (2007). *Drug-Facilitated, Incapacitated, and Forcible Rape: A National Study*. Research Report. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- Kilpatrick, D.G., Saunders, B.E. & Smith, D.W. (2003). *Youth Victimization: Prevalence and Implications*. Research in Brief. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- Kimerling, R., Street, A.E., Pavao, J., Smith, M.W., Cronkite, R.C., Holmes, T.H. & Frayne, S.M. (2010). Military-related sexual trauma among Veterans Health Administration patients returning from Afghanistan and Iraq. *American Journal of Public Health, 100*(8), 1409–1412.
- Klein, A., Salomon, A., Huntington, N., Dubois, J. & Lang, D. (2009). *A Statewide Study of Stalking and Its Criminal Justice Response*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- Koss, M.P., Abbey, A., Campbell, R., Cook, S., Norris, J., Testa, M. & White, J. (2007). Revising the SES: A collaborative process to improve assessment of sexual aggression and victimization. *Psychology of Women Quarterly, 31*(4), 357–370.

Larcombe, W. (2012). Sex offender risk assessment: The needs to place recidivism research in the context of attrition in the criminal justice system. *Violence Against Women, 18*(4), 482–501.

Lawyer, S., Resnick, H., Bakanic, V., Burkett, T. & Kilpatrick, D. (2010). Forcible, drug-facilitated and incapacitated rape and sexual assault among undergraduate women. *Journal of American College Health, 58*(5), 453.

Lievore, D. (2004). *Prosecutorial decisions in adult sexual assault cases: An Australian Study*. Canberra, Australia: Office of the Status of Women.

Lonsway, K. (2010). Measuring sexual violence: Methods, misconceptions and a new (revised) measure. *Family and Intimate Partner Violence Quarterly, 2*(4), 369–384.

McCauley, J., Ruggiero, K.J., Resnick, H.S., Conoscenti, L.M. & Kilpatrick, D.G. (2009). Forcible, drug-facilitated and incapacitated rape in relation to substance use problems: Results from a national sample of college women. *Addictive Behaviors, 34*(5), 458–462.

Mohler-Kuo, M., Dowdall, G., Koss, M. & Henry, W. (2004). Correlates of rape while intoxicated in a national sample of college women. *Journal of Studies on Alcohol, 65*(1), 37.

Mullins, C. (2005). Understanding sexual assault in the United States Military culture. *Connections, VII*(1), 8–11. Retrieved from: http://www.wcsap.org/sites/default/files/uploads/resources_publications/connections/Military2005.pdf.

National Center for Injury Prevention and Control (2011a). *NISVS: An Overview of 2010 Findings on Victimization by Sexual Orientation*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.

National Center for Injury Prevention and Control (2011b). *The National Intimate Partner and Sexual Violence Survey: An Overview*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.

National Victim Center & Crime Victims Research and Treatment Center. (1992). *Rape in America: A Report to the Nation*. Arlington, VA: National Victim Center, and Charleston, SC: Crime Victims Research and Treatment Center.

Petersilia, J.R. (2001). Crime victims with developmental disabilities. *Criminal Justice & Behavior, 28*(6), 655–694.

Rennison, C.M. (2000). *Criminal Victimization 1999, Changes 1998-99 With Trends 1993-99*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

Reyns, B.W. & Englebrecht, C.M. (2014). Informal and Formal Help-Seeking Decisions of Stalking Victims in the United States. *Criminal Justice and Behavior, 41*(10), 1178–1194.

Robers, S., Zhang, J. & Truman, J. (2010). *Indicators of School Crime and Safety: 2010*. Washington, DC: U.S. Department of Education, National Center for Education Statistics and U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

Rock, L.M., Lipari, R.N., Cook, P.J. & Hale, A.D. (2011). *2010 Workplace and Gender Relations Survey of Active Duty Members: Overview Report on Sexual Assault*. Arlington, VA: Defense Manpower Data Center.

Sadler, A.G., Booth, B.M., Cook, B.L. & Doebbeling, B.N. (2003). Factors associated with women's risk of rape in the military environment. *American Journal of Industrial Medicine*, 43(3), 262–273.

Sinozich, S. & Langton, L. (2014). Rape and Sexual Assault Victimization Among College-Age Females, 1995–2013. Bureau of Justice Statistics. Retrieved from: <http://www.bjs.gov/content/pub/pdf/rsavcaf9513.pdf>.

Sobsey, D. & Doe, T. (1991). Patterns of sexual abuse and assault. *Sexuality & Disability*, 9(3), 243–259.

Sorensen, D. (2002). The invisible victims. Update of an article originally published in *Prosecutor's Brief* (the California District Attorneys Association's quarterly journal). Retrieved from: http://ftp.aspires-relationships.com/the_invisible_victims.pdf.

Statewide Steering Committee to Reduce Sexual Assault, Victoria (2006). *A Study of Reported Rapes in Victoria 2000–2003: Summary Research Report*. Melbourne, Australia. Office of Women's Policy, Department of Victorian Communities.

Testa, M., VanZile-Tamsen, C., Livingston, J.A. & Koss, M.P. (2004). Assessing women's experiences of sexual aggression using the Sexual Experiences Survey: Evidence for validity and implications for research. *Psychology of Women Quarterly*, 28(3), 256–265.

Tharp, A.T., Swartout, K., Koss, M.P., DeGue, S., Basile, K.C., White, J., Abbey, A. & Thompson, M. (2015). Key Findings: Rethinking Sexual Perpetration. National Sexual Violence Resource Center. Retrieved from: http://www.nsvrc.org/sites/default/files/key-findings_rethinking-serial-perpetration_0.pdf.

Tjaden, P. (2009). Stalking policies and research in the United States: A twenty-year retrospective. *European Journal on Criminal Policy and Research*, 15(3), 261–278.

Tjaden, P. & Thoennes, N. (1998). *Stalking in America: Findings from the National Violence Against Women Survey*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

Tjaden, P. & Thoennes, N., (2006). *Extent, Nature, and Consequences of Rape Victimization: Findings From the National Violence Against Women Survey*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

Truman, J.L. (2011). *Criminal Victimization, 2010*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

Truman, J.L. & Langton, L. (2015). *Criminal Victimization, 2014*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

Truman, J.L. & Planty, M. (2012). *Criminal Victimization, 2011*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

Truman, J. & Rand, M. (2010). *Criminal Victimization, 2009*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

Turner, H.A., Finkelhor, D., Hamby, S.L., Shattuck, A. & Ormrod, R.K. (2011). Specifying type and location of peer victimization in a national sample of children and youth. *Journal of Youth and Adolescence*, 40(8), 1052–1067.

U.S. Air Force (2002). *Secondary Victimization: Implications for Sexual Assault Response*. Washington, DC: U.S. Air Force, Sexual Assault Prevention and Response Program.

U.S. Census Bureau (2011). *Overview of Race and Hispanic Origin: 2010*. Washington, DC: U.S. Department of Commerce, Economics and Statistics Administration, U.S. Census Bureau. Retrieved from: www.census.gov/prod/cen2010/briefs/c2010br-02.pdf.

U.S. Department of Defense (DoD). (2004). *Task Force Report on Care for Victims of Sexual Assault*. Washington, DC: U.S. Department of Defense. Retrieved from: <http://www.sapr.mil/public/docs/reports/task-force-report-for-care-of-victims-of-sa-2004.pdf>.

U.S. Department of Defense (DoD). (2015). *Annual Report on Sexual Harassment and Violence at the Military Service Academies: Academic Program Year 2013–2014*. Retrieved from: http://sapr.mil/public/docs/reports/MSA/APY_13-14_MSA_Report.pdf.

U.S. Department of Defense (DoD). (2016a). *Annual Report on Sexual Harassment and Violence at the Military Service Academies*. Retrieved from: http://sapr.mil/public/docs/reports/MSA/APY_14-15/APY_14-15_MSA_Report.pdf.

U.S. Department of Defense (DoD). (2016b). *Annual Report on Sexual Assault in the Military: Fiscal year 2015*. Retrieved from: http://sapr.mil/public/docs/reports/FY15_Annual/FY15_Annual_Report_on_Sexual_Assault_in_the_Military.pdf.

U.S. Government Accountability Office (GAO). (2008). *Military Personnel: DOD's and the Coast Guard's Sexual Assault Prevention and Response Programs Face Implementation and Oversight Challenges*. GAO-08-924. Washington, DC: U.S. Government Accountability Office. Retrieved from: www.gao.gov/new.items/d08924.pdf.

U.S. Senate (2009). *The Tribal Law and Order Act of 2009: Report 111-93*. Washington, DC: U.S. Senate. Retrieved from: www.narf.org/nill/resources/TOLASenateReport.pdf.

Whitley, K. (June 14, 2010). Testimony before the U.S. House of Representatives, Committee on Veterans' Affairs, Subcommittee on Disability Assistance and Memorial Affairs.

Wilson, C., & Brewer, N. (1992). The incidence of criminal victimization of individuals with an intellectual disability. *Australian Psychologist*, 27, 114–117.

Chapter 2: Etiology of Adult Sexual Offending

by Susan Faupel, M.S.W. and Roger Przybylski

FINDINGS

- ◆ There is no simple answer to the question of why people engage in this behavior.
- ◆ The problem of sexual offending is too complex to attribute solely to a single theory (multifactor theories are stronger).
- ◆ What is known —
 - Sexual abuse is a learned behavior.
 - Negative or adverse conditions in early development — particularly poor relationships with caregivers — can contribute to the problem.
 - Sex offenders engage in cognitive distortions.
 - Repeated exposure to sexually violent pornography can contribute.
 - Problems with self-regulation and impulse control can contribute.
 - Short-term relationships and negative attitudes toward women can contribute.

Introduction

The etiology of adult sexual offending refers to the origins or causes of sexually abusive behavior, including the pathways that are associated with the behavior's development, onset and maintenance. Even though questions about the causes of sexual offending have been asked for many years, they remain important today, primarily because definitive answers have been exceptionally hard to find. While research has generated important insights about the etiology of sexual offending, our understanding of the causes and origins of sexually abusive behavior arguably remains rudimentary.¹

There are multiple reasons why it is important to be concerned with the etiology of sexual offending. First, the development of effective prevention strategies is contingent on having credible knowledge about the underlying causes of sexual offending and victimization. Without credible etiological knowledge, prevention efforts are likely to be haphazard and inefficient. Second, knowledge about causes can help sex offender management professionals manage and mitigate risk more effectively. (For more, see Chapter 6: "Sex Offender Risk Assessment," and see Chapter 8: "Sex Offender Management Strategies," both in the Adult section.) Simply put, knowledge about causes and pathways to offending can provide important insights into the characteristics of various sex offending behaviors (including preferred victim type) and the likelihood that they will persist over time. Third, knowledge about causes can help sex offender management professionals develop more effective treatment interventions. (See Chapter 7: "The Effectiveness of Treatment for Adult Sex Offenders" in the Adult section for more.) Rather than focusing on symptoms or using a one-size-fits-all approach, rehabilitation efforts can target the specific underlying causes and pathways to offending that apply to the individual offender. Fourth, etiological information can inform both discourse and decision-making at the policy level, whether the focus is on sentencing, oversight in the community, civil commitment or any other

criminal justice or societal response to sexual offending. In short, knowledge about origins, causes and pathways to sexual offending can play a critical role in the development and delivery of effective public safety strategies.

Single-Factor Theories of Sexual Offending Behavior

Biological Theories

Biological theories of sexual offending have centered on abnormalities in the structure of the brain, hormone levels, genetic and chromosomal makeup and deficits in intellectual functioning. Key research findings concerning the validity of various biological theories follow:

- A number of studies have found abnormalities in the brains of some sexual offenders; however, the evidence is clear that such abnormalities do not exist in the majority of cases (Aigner et al., 2000; Corley et al., 1994; Galski, Thornton & Shumsky, 1990; Hucker et al., 1986; Langevin et al., 1988, 1989; Wright et al., 1990).
- Studies examining the link between hormonal abnormalities and sexual offending have focused on the role of certain hormones (e.g., testosterone) known to be related to physical changes in males. To date, these studies have not found evidence of a clear link between hormone levels and sexual offending (Bain et al., 1987; Hucker & Bain, 1990).
- Consideration has also been given to the possibility of a genetic defect in sex offenders that makes them more likely to engage in aggressive sexual behavior. The few studies that have examined this issue have been based on a small sample size, and far more research is needed before conclusions about a causal relationship to sex offending can be made (Beckmann et al., 1974; Harrison, Clayton-Smith & Bailey, 2001).
- Links between deficits in intellectual functioning and sexual offending have also been hypothesized, but empirical evidence supporting these theories has not been produced. Moreover, it should be noted that aggression is not the norm in this population (Day, 1994; Murray et al., 2001; O'Callaghan, 1998).

Summary of the Evidence on Biological Theories

The empirical evidence produced to date does not indicate that the presence of a particular biological phenomenon has a causal relationship with sexual offending. However, biological studies are still relatively new. With improved methodologies, future research may demonstrate that certain aspects of biological theories yield beneficial information for understanding and explaining the origins of sexual offending behavior (Stinson, Sales & Becker, 2008).

Evolutionary Theories

Evolutionary theories have been proposed to explain a variety of human behaviors, including sexual aggression. Evolutionary theory views human behavior as the result of millions of years of adaptive changes designed to meet ongoing challenges within the environment.

Several theories rely on evolutionary postulates about sexual selection and sexual strategies to explain sexual aggression. One is that sexual coercion is a conditional sexual strategy. In this theory, sexual coercion is postulated to be merely a type of reproductive strategy, as it is in nonhuman species (Bailey, 1988; Malamuth & Heilmann, 1998; Thornhill & Palmer, 2000). Another evolutionary theory views rape as an outcome of a

competitive disadvantage for some men that causes them to lack the resources or ability to obtain a mate by more appropriate means (Figueredo et al., 2000; Lalumiere et al., 1996; Malamuth & Heilmann, 1998; Quinsey & Lalumiere, 1995). Another theory describes rape as a “courtship disorder” that results from an interruption in normal mating processes (Freund, 1990; Freund, Scher & Hucker, 1983, 1984).

Summary of the Evidence on Evolutionary Theories

It is very difficult to empirically test the validity of evolutionary theories. They present a unique perspective in that they view sex offending behavior as an adaptation to environmental or interpersonal events. While this is a new direction that may deserve further consideration, **researchers in the field have largely disregarded these hypotheses as the cause of sexual offending because of their limitations** (Travis, 2003).

Personality Theories

Personality theories are among the earliest sources of explanation for sexual offending behavior. They emerged based on the work of Sigmund Freud, who believed that sexual deviance is an expression of the unresolved problems experienced during the early stages of an individual’s development. Due to a lack of empirical evidence, Freud’s personality theories have fallen out of favor with etiological researchers in deference to other theories. Later personality theorists, however, suggested that early childhood relationships involving trauma or mistreatment could lead a child to internalize negative attitudes and beliefs about both the self and relationships with others, thus altering how the child perceives sex and his or her role in sexual relationships (Leguizamo, 2002).

One of these later personality theories — attachment theory — was first introduced by Bowlby (1988) to explain the relationship between a child and his or her primary caretaker, and how this early relationship affects later adjustment. According to attachment theory, humans have a propensity to establish strong emotional bonds with others, and when individuals have some loss or emotional distress, they act out as a result of their loneliness and isolation. Later research indicates there is a relationship between poor quality attachments and sexual offending. Marshall (1989) found that men who sexually abuse children often have not developed the social skills and self-confidence necessary to form effective intimate relations with peers. This failure creates frustration that causes them to seek intimacy with young partners (Marshall, 1989; Marshall and Marshall, 2000).

Seidman and colleagues (1994) conducted two studies aimed at examining intimacy problems and the experience of loneliness among sex offenders. According to these studies, sex offenders have deficiencies in social skills that seriously restrict the possibility of maintaining intimacy. Ward and colleagues (1995) proposed that sex offenders are likely to have difficulty forming attachments with others and will engage in distorted thinking, such as “courting” a child and treating him or her as his lover. Knox (2014) recently found that juveniles who have committed a sexual offense had lower levels of attachment to fathers or father figures than juveniles who have committed a nonsexual offense.

Personality theorists also use formulations of personality development based on the results of testing instruments designed to profile personality types. Studies concerning this approach, however, have produced diverse and contradictory findings, and they have been criticized for failing to adequately demonstrate how the results obtained from testing instruments can add to the understanding of the origins of sexually deviant behavior (Stinson, Sales & Becker, 2008). Further evidence is needed to show how certain personality traits relate specifically to the cause of sexual offending behavior.

Summary of the Evidence on Personality Theories

Personality theories are successful in demonstrating that sex offenders have poor social skills and problems with intimacy, and that there is a connection between poor relationships with others (particularly caregivers) and sexual offending behavior. **The primary criticism of personality theories is that while they show that disturbances exist within the personalities of sex offenders, they fail to explain why these disturbances occur.** Hence, personality theories alone do not provide a complete explanation of the cause of sexual offending behavior (Stinson, Sales & Becker, 2008).

Cognitive Theories

Cognitive theories address the way in which offenders' thoughts affect their behavior. It is well documented that when individuals commit deviant sexual acts, they often try to diminish their feelings of guilt and shame by making excuses or justifications for their behavior and rationalizing their actions (Scott & Lyman, 1968; Scully, 1990; Sykes & Matza, 1957). These excuses, justifications and rationalizations are commonly referred to as "cognitive distortions" or "thinking errors." They allow offenders to absolve themselves of responsibility, shame or guilt for their actions. Thinking errors on the part of sex offenders have been identified and supported frequently in research. These errors include denial, minimization of harm done, claiming the right or entitlement to the behavior and blaming the victim (Marshall, Anderson & Fernandez, 1999; Ward & Keenan, 1999). The literature also suggests that many sex offenders hold feelings of resentment and use these feelings as justification for their behaviors. Marshall, Anderson and Champaigne (1997) theorized that sex offenders are more likely to be self-protective and self-serving due to low self-esteem, poor relationships with others and emotional discomfort or anxiety. When challenged about their behavior, sex offenders reframe the situation to maintain feelings of self-worth.

Another type of cognitive distortion common among sexual offenders is a sense of entitlement, which involves the belief that the need to offend is more important than the negative consequences experienced by the victim (Hanson, Gizzarelli & Scott, 1994). Hanson, Gizzarelli and Scott (1994) found that this sense of entitlement in incest offenders led to decreased self-control, while Ward, Hudson and Keenan (1998) found that thinking errors lead sex offenders to pay attention to information consistent with their distorted beliefs and to reject information that is inconsistent with their beliefs. For example, a child molester may interpret a child's hug as sexual interest because that interpretation conforms to his or her distorted beliefs, or a child molester may ignore a child's crying because it conflicts with his or her beliefs. Further, egocentricity or self-interest allows the sex offender to justify deviant sexual behavior on the basis that it satisfies his or her needs. The offender will see victims as deserving of victimization or may have distorted views of what the victim wants from the offender. He or she may display a consistent tendency to blame others or negate personal responsibility through such statements as "I just couldn't help myself" (Hanson, 1999; Hanson, Gizzarelli & Scott, 1994; Segal & Stermac, 1990; Ward, 2000; Ward, Hudson & Keenan, 1998).

Finally, the way sex offenders process both internal and external cues may explain how and why they manipulate information. Research suggests that sex offenders misinterpret social cues and have difficulty recognizing and interpreting the emotional state of others. Further, they do not make good choices based on the information they perceive and do not consider the perceptions of others in making decisions about their own behavior (Keenan & Ward, 2000; Ward, 2000).

Summary of the Evidence on Cognitive Theories

Cognitive theories have contributed to a better understanding of sex offenders and their behaviors. **There is evidence demonstrating that sex offenders engage in cognitive distortions or thinking errors, and that these distorted thinking patterns have the capacity to drive deviant sexual behavior.** Cognitive theories serve as

a core component of many of the sex offender treatment programs in existence today, and most treatment programs incorporate some type of intervention to help the perpetrator identify and correct his or her thinking errors.

Despite the contributions made by cognitive theories and their use in treatment models, these theories have limitations. First, no method has been identified for connecting in a causal manner what the offender reports about his or her thought processes and a sex offending act itself. Second, cognitive theories do not explain where the cognitive distortion thought processes originate. Third, the research that is available on cognitive theories reflects few differences between sex offenders with cognitive distortions and nonsex offenders with cognitive distortions. In short, cognitive theories do not explain why some individuals commit sexually offensive acts specifically (Stinson, Sales & Becker, 2008).

Behavioral Theories

Behavioral theories explain sexually abusive behaviors as a learned condition. Behavioral theories are based on the assumption that sexually deviant arousal plays a pivotal role in the commission of sex crimes and that people who engage in sex with, or have sexual feelings toward, inappropriate stimuli are more likely to commit sexual violence than those with appropriate sexual desires (Becker, 1998; Hunter & Becker, 1994; Lalumiere & Quinsey, 1994).

In behavioral theory, the occurrence of continued deviant sexual behavior (as with all behavior) depends on reinforcement and punishment. Sexual gratification and the perceived lack of negative consequences for sexual offending, coupled with a lack of support for not engaging in sexual offending behavior, increases the likelihood for sex offenses to continue. The key factor is that if the negative consequences of the behavior (punishment) are sufficiently strong, the negative behavior (sex offending) is less likely to occur (Laws & Marshall, 1990).

Self-regulation is also a behavioral theory that has been applied to sexually deviant behaviors. Self-regulation involves the selection of a goal and strategies to reach that goal. The goals of sexual satisfaction, intimacy, mood control or other rewards related to sexual deviance can affect recall, judgment and information processing (Ward, 2000). According to self-regulation theory, the goal of engaging in sexually deviant behavior and the strategies employed to reach that goal become automatically integrated into the behavior of the offender because they have been consistently reinforced in the past (Ward & Hudson, 1998).

Summary of the Evidence on Behavioral Theories

Research offers support for sexual abuse being a learned behavior. Acknowledgment of the role of self-regulation also appears to be a necessary component of a thorough understanding of sexual behavior problems. Further research in these areas certainly seems merited. **Nonetheless, behavioral theories have limitations.** First, it is important to recognize that many male sex offenders lack deviant sexual arousal patterns; in fact, many male sex offenders have arousal patterns similar to those of non-sex-offending men (Looman & Marshall, 2005). This limits the ability to generalize the deviant arousal patterns of some sex offenders to all such offenders. In addition, no research has predicted which reinforcements or consequences are likely to increase or inhibit sexual offending behavior. This seems critical both in understanding etiology and prescribing treatment and public policy. Research on the effect of “mediators” — such as support for nonoffending behavior, levels of supervision and restricting access to victims — in the process of sexual offending is also limited. Other variables such as the lack of victim empathy, moral values or remorse in some individuals may also play a role in the development of deviant sexual behavior patterns. Behavioral theories postulated to date do not take these variables into consideration. Additionally, the theories are based on the assumption that individuals are influenced by the threat of negative consequences (punishment). However, no

empirical evidence substantiates this assumption consistently. Therefore, **sex offenders may not consider the consequences of their behavior as a deterrent to their actions** (Stinson, Sales & Becker, 2008).

Social Learning Theories

Two primary social learning hypotheses have been suggested as possible explanations for sexual offending behaviors. The first is that children who are sexually abused grow into sexually abusive adults, and the second is that sexually explicit material contributes to sexual offending behavior.

Much research has examined the impact of victimization on future victimizing behavior. However, early childhood victimization does not automatically lead to sexually aggressive behavior. While sex offenders have higher rates of sexual abuse in their histories than would be expected in the general population, the majority of perpetrators were not abused as children (Berliner & Elliot, 2002; Putnam, 2003). There is relatively good evidence to support this, including the disproportionate number of women who were victimized as children who do not go on to sexually abuse others (Berliner & Elliot, 2002; Putnam, 2003).

Negative or adverse conditions in early development have been linked to sexual offending later in life.

Even so, a large percentage of sex offenders do report being sexually abused as children (Becker, 1998; Craissati, McClurg & Browne, 2002; Graham, 1996; Jonson-Reid & Way, 2001; Seghorn, Prentky & Boucher, 1987; Veneziano, Veneziano & LeGrand, 2000; Worling, 1995; Zgourides, Monto & Harris, 1997). Certain types of offenders, such as those who sexually offend against young boys, have higher rates of child sexual abuse in their histories (Becker & Murphy, 1998; Burgess, Hartman & McCormack, 1987; Burton, Miller & Schill, 2002; Freeman-Longo, 1986; Freund & Kuban, 1994; Garland & Dougher, 1990; Ryan, 2002). For those victims who later become perpetrators, the majority are male (Berliner & Elliot, 2002; Stinson, Sales & Becker, 2008). Therefore, in this regard, researchers have focused on male victims, the way they perceive their abuse and how it affects them later in life. The aspects of the abusive experience that influenced their learning have been of most interest.

Using social learning theory, researchers have identified the process through which this learning occurs and the key variables that help to determine whether deviant sexual behavior patterns will be adopted. For example, a child who has internalized the victimization experience as normal or pleasurable in some way is more likely to adopt a belief system that is favorable to offending (Briggs & Hawkins, 1996; Burton, Miller & Schill, 2002; Eisenman, 2000; Freeman-Longo, 1986; Hummel et al., 2000). Several different types of thought patterns may lead more easily to the development of sexually abusive behaviors in victims. For example, the victim may think, "This must be normal" or "It isn't a bad thing because someone who loves me is doing it to me" or even "This feels good and I like it" (Briggs & Hawkins, 1996; Burton, Miller & Schill, 2002; Eisenman, 2000; Freeman-Longo, 1986; Hummel et al., 2000). A child who internalizes these thought processes in reaction to his or her own abuse is more likely to grow into an adult who views sexually abusive acts as less harmful and more pleasurable to the victim.

Studies have identified other factors that can play an important role in the link between being sexually abused and later exhibiting sexually abusive behaviors. These include the age of victimization, the relationship between the perpetrator and the victim, the type of sex act and amount of force used, the sex of the perpetrator, the duration of the abuse and the number of perpetrators (Burton, Miller & Schill, 2002; Garland &

Dougher, 1990). The younger the victim, the more violent and intrusive the sexual acts, the longer the duration of abuse and the greater the number of perpetrators, the more likely it is that sexually deviant behavior will develop in victims (Burton, 2000; Burton, Miller & Schill, 2002; Hummel et al., 2000; Seghorn, Prentky & Boucher, 1987).

The manner in which others respond to an individual who discloses victimization is also a factor that has been shown to be related to the social learning process involved in victimization. An indifferent response or a response of disbelief to a disclosure of sexual abuse has been shown to contribute to a victim internalizing negative sexual behaviors and developing future abusive sexual behavior (Burton, Miller & Schill, 2002; Garland & Dougher, 1990). All of this suggests that the experience of sexual abuse in childhood has some impact on the development of sexually abusive behavior patterns, but exactly how the abuse is modeled and manifested is still somewhat unclear. More research is needed in this area.

Research also has examined resilience in victims of child sexual abuse and the protective factors associated with adaptive functioning in childhood, adolescence and adulthood following childhood victimization. This research was recently summarized in a systematic review conducted by Domhardt, Münzer, Fegert and Goldbeck (2015). A total of 37 studies meeting design quality, sample size and resilience definition criteria were included in the review, with resilience being conceptualized as adaptive functioning and/or the absence of psychological disorders. Protective factors were classified within three broad categories: internal factors related to the victim, external factors related to the family of the victim and external factors related to the wider social environment of the victim. Further, the researchers analyzed resilience and protective factors for three different developmental phases based on age: children (aged 10 years or younger), adolescents (aged 11–17), and adults (18 years or older).

Across the 10 studies in the analysis that reported resilience rates by age, resilience rates ranged from 10 percent to 53 percent in children and adolescent study samples, and from 15 percent to 47 percent in adult study samples. While Domhardt et al. (2015, p. 487) reported that the wide variation in resilience rates found across studies was in part due to methodological and conceptual differences found across studies, they also suggested that their findings indicate “a range of individual and environmental factors moderate or mediate the well-established adverse impact of childhood sexual abuse across different developmental periods.” Protective factors related to resilience included education, interpersonal and emotional competence, control beliefs, active coping, optimism, social attachment, external attribution of blame and social support from the family and wider social environment. Further, the magnitude of the benefit of social support from various sources appears to be a function of the abuse victim’s developmental period, with children primarily depending on support from a nonoffending parent or caregiver, adolescents depending on support from peers and adults depending on support from a spouse. The researchers called for future research, particularly longitudinal studies, aimed at better understanding how resilience develops over time and how protective factors may interact to promote resilience and buffer the effects of childhood victimization.

Another social learning theory related to sexual offending behavior suggests that pornography serves as a model for sexually aggressive behavior for some individuals, encouraging them to engage in behaviors depicted in pornography that they viewed. The literature defines sexually violent pornography as pornography in which women are portrayed in humiliating or degrading situations or are the victims of forced or coerced sexual interactions (Marshall, 1988).² Based on this theory, an individual who views sexually violent pornography can experience a change in attitudes toward women and can internalize myths about rape. Burt (1980) defined rape myths as prejudicial, stereotyped or false beliefs about rape, rape victims and rapists. Lonsway and Fitzgerald (1994, p. 134) expanded on the concept of rape myths and defined them as “attitudes and beliefs that are generally false but are widely and persistently held, and that serve to deny and justify male sexual aggression against women.”

Evidence suggests that repeated exposure to sexually aggressive pornography contributes to increased hostility toward women, acceptance of rape myths, decreased empathy and compassion for victims and an increased acceptance of physical violence toward women (Check & Guloien, 1989; Knudsen, 1988; Lahey, 1991; Linz, Donnerstein, & Penrod, 1988; Malamuth & Check, 1980, 1981, 1985). From a social learning perspective, the likelihood that these views will lead to abusive behavior depends on the reinforcement in the learning process. One such reinforcer is a core feature of much pornography: the portrayal of women as desiring and enjoying both the sexual activity and degradation involved in the images (Check & Guloien, 1989; Knudsen, 1988; Norris, 1991; Sinclair, Lee, & Johnson, 1995). Another reinforcer lies in social cues from others — both the participants in the pornography and other viewers. If the participants in the pornographic material seem to be enjoying it and watching it appears to be socially acceptable based on the reaction of others, the viewer is more apt to see the sexually aggressive content as positive and desirable to imitate (Norris, 1991; Sinclair, Lee & Johnson, 1995).

Another type of pornography believed to play a role in the etiology of socially learned sexual aggression is child pornography — material that uses either children or technology that makes the participants appear to be children. Social learning theory suggests that individuals use child pornography, internalize this behavior as acceptable and adopt it into their own behavior. Since child pornography is illegal, research on the role of child pornography is somewhat limited. Nonetheless, it is known that child molesters report increased use of pornography prior to sexually abusing children (Howitt, 1995; Marshall, 1988). More recent research has suggested the use of child pornography as a reliable indicator of sexual interest in children (Seto, Cantor & Blanchard, 2006). Across multiple studies, offenders have reported the use of pornography to desensitize and arouse them so they can engage in abusive behaviors with children (Knudsen, 1988; Marshall, 1988). Child pornography also appears to reduce empathy toward child victims (Knudsen, 1988). Portrayals of enjoyment on the part of the children and lack of negative consequences may serve as reinforcers of these behaviors.

Summary of the Evidence on Social Learning Theories

Social learning theories do not offer the only explanation for sexual offending behavior. However, they do provide valuable insights for understanding sexual offending and there is evidence to support various tenets of social learning theory in the context of sexual offending. For example, **there is sound empirical evidence that sexual offending is a learned behavior**. Also, while it is true that a direct connection between the use of pornography and rape does not exist, research has made it clear that the use of pornography is a factor in shaping the attitudes and behaviors in some men who use it and that it is a factor in some men's sexual aggression. Scholars may differ about the specific nature of pornography's effects, but none have argued about pornography's articulation of the myths about rape and the contributions of these thinking errors to sexual offending behaviors.

Social learning theory also introduces the notion of environmental influences on sexual offending, which is contrary to the notion of other theories that have assumed that abusive behaviors are inherent within some individuals. Insights about the impact of childhood abuse and its ramifications for sexual offending are also valuable contributions.

The most often cited criticism of social learning theory is that there is little evidence that suggests internalized beliefs or attitudes actually result in related behaviors. More research on children who are victimized but do not go on to abuse others may be helpful. Further, much of the research on social learning theory, as in many other theoretical approaches, depends on self-reports of abusers. Because offenders may be motivated to distort stories to place themselves in a more positive light, relying on self-reporting can be problematic. These concerns call into question the validity of social learning theory as the sole explanation of sexually abusive behavior (Stinson, Sales & Becker, 2008).

Feminist Theories

Although there are many forms of feminist theory, one of the more prominent focuses on the structure of gender relations and the imbalance of power between men and women. This feminist analysis assumes that the elimination of sexual violence is linked to gender equality because it is male power that enables the acceptance and perpetuation of sexual assault.

Some feminists have argued that male sex offenders are no different from “normal” men but rather are conditioned within a culture that accepts, tolerates, condones, and even perpetuates sexual violence toward women and children. Perpetrators within this framework are extended to male partners and acquaintances who cajole, pressure, harass, threaten, coerce and/or force women into any sexual behavior to which they do not or are unable to consent. This makes it possible to examine acts of sexual coercion that remain hidden or taken for granted as “normal” social practices within the confines of heterosexual dominance (Chung, 2005; Cossins, 2000).

According to Cossins (2000), child sexual abuse is the way some men alleviate a sense of powerlessness and establish their ideal image of masculinity. Because masculinity is learned, according to [some] feminist theorists, in order for a man to experience power, he must engage in accepted social practices (such as sexual violence) that prove his masculinity. Connell (2000) suggests that there can be different concepts of masculinity with varying degrees of social acceptance and power. Connell proposes this as the foundation for why sexual violence occurs. This perspective has given rise to treatment approaches that shift the focus to positively reconstructing a man’s sense of masculinity to exclude the use of sexual violence (White, 2000). Jenkins (1990) also developed an approach to therapy that focuses on what *restrains* men from engaging in respectful relationships with women, as opposed to what causes them to engage in these relationships.

Summary of the Evidence on Feminist Theories

Currently, there is insufficient evidence to scientifically support the feminist theory of gender imbalance as the sole cause of sexual violence. However, **while the imbalance of power between men and women may not be the sole or direct cause of sexual offending, it is clearly a factor.** Psychological theorists have long neglected the fact that an overwhelming number of perpetrators are male, and thus they have failed to explain the role of gender in sexual violence. Additionally, it is important to keep in mind that many feminist theories go beyond the binary of gender and discuss the intersections of gender, race, class, ethnicity, culture and other factors. This makes the simple gender/power relationship much more complex than that described above, and research that explores both the impact of these interactions and their value for understanding sexual offending is clearly needed.

Multifactor Theories of Sexual Offending Behavior

Believing that single-factor theories are inadequate, a number of scholars have developed theories that combine multiple factors to explain sexual offending behavior. The most prominent of these theories are discussed below.

Finkelhor’s Precondition Theory

The first integrated theory of sexual offending behavior was put forth by Finkelhor in 1984. Finkelhor’s theory, which applies only to child sexual abuse, outlines four preconditions that must exist for a sex offense to occur:

1. The motivation to abuse (e.g., sexual satisfaction, lack of other sexual outlets, a desire to have intimacy, a relationship with the child).
2. The overcoming of internal inhibitions (e.g., personal sense of morals, values, ethics; fear of being caught). Internal inhibitors may be overcome due to poor impulse control, the use of alcohol or drugs, engaging in excuses and justifications or impaired mental ability.
3. The overcoming of external inhibitors (e.g., lack of privacy, adequate supervision, strong personal boundaries of the child, good support system around the child, negative social consequences). For an offender to overcome external inhibitors, he or she must locate both an opportunity for privacy and a child with poor boundaries and inadequate supervision. The offender also must consider that the possibility of negative consequences is unlikely.
4. The overcoming of victim resistance (e.g., taking advantage of a trusting relationship with the child or caregiver; using bribes, trickery or manipulation). These strategies are called "grooming behaviors" and are used by the offender to successfully engage the potential victim.

Summary of the Evidence on Finklehor's Precondition Theory

Although the existence of motivating conditions (overcoming internal and external inhibitors as well as victim resistance) has been supported, **Finklehor's Precondition Theory never explained why someone would possess such motivation in the first place.** For example, Howells (1994) noted that while poor social skills or lack of available sources of sexual gratification (among other factors) may be important, they are not direct *causes* of sexual offending. It is also unclear whether deviant sexual interest, deficits in intimacy or a need for power and control may be at work when an individual offends.

Marshall and Barbaree's Integrated Theory

In this theory, the prominent causal factors for sexual offending are developmental experiences, biological processes, cultural norms and the psychological vulnerability that can result from a combination of these factors. Marshall and Barbaree (1990) proposed that early negative experiences in childhood (e.g., sexual abuse, physical abuse, neglect) cause a child to view his or her caregivers as emotionally absent, and to see him- or herself as being unworthy to receive love or be protected. This results in low self-esteem, poor interpersonal skills and weak coping skills. The presence of antisocial and misogynist attitudes in the home can be aggravating factors. If adolescent males feel inadequate, the theory argues, they are more likely to accept messages that elevate men to positions of power and dominance. Another key feature of the theory is that sex meets a number of psychological needs beyond sexual gratification. These may include an increased sense of competence, elevated self-esteem, personal connection and fulfillment and a sense of achieving the ideal image of masculinity.

Marshall and Barbaree suggested that a key developmental task for adolescent boys is to learn to distinguish between sexual impulses and aggression. They argued that this task is difficult because both types of impulses are generated by the same brain structure. Hence, adolescent boys may find it difficult to know when they are angry, sexually aroused or both, and they must learn how to inhibit aggression in sexual situations. Combined with the influx of hormones that occur in adolescence, these factors render the young male vulnerable to developing sex-offending behaviors. Situational factors such as loneliness, social rejection or a loss of a relationship may then trigger the sexually abusive acts committed by adolescents. The more vulnerable a person is to committing a sexual offense, the less intense these situational experiences need to be to trigger sexually aggressive behavior.

A later addition to the theory by Marshall and Barbaree is that mood states initially associated with sexual arousal may later be able to elicit sexual desire on their own through the process of conditioning. For example, if a young man frequently uses masturbation to cope with loneliness, eventually the state of loneliness itself creates sexual arousal.

Summary of the Evidence on Marshall and Barbaree's Integrated Theory

Marshall and Barbaree's Integrated Theory has been the subject of much research. **Many of the theory's hypotheses — such as the presence of poor impulse control and a lack of sufficient social skills in sexual offenders — have been supported through research** (Smallbone & Dadds, 2000). Additionally, Smallbone and Dadds (2000) found that insecure childhood attachment, especially parental attachment, can be linked to coercive sexual behavior. And Knox (2014) found that juveniles who had committed a sexual offense had lower levels of attachment to fathers or father figures than juvenile who had committed a nonsexual offense. Thus, the theory is an important achievement, both innovative and comprising many compelling features. One of its key strengths is its ability to unite multiple influences. **Even so, a number of the theory's features merit closer examination** (Ward, 2000). One concern is the issue of embedded offense pathways to sexual offending behavior. There are distinct and possibly competing offense pathways (e.g., early exposure to problematic relationships, unsuccessful relationships, negative consequences for masturbation, deviant sexual fantasies to boost self-esteem and a sense of power or worth) in the model. Once these etiological pathways are identified and distinguished from one another, it becomes difficult to explain why a specific pathway leads to specific sexual rather than other offending behavior.

Another weakness relates to impulse control. In their theory, Marshall and Barbaree placed great emphasis on the loss of impulse control, stating that individuals commit sex offenses due to their failure to inhibit deviant impulses. However, the empirical evidence indicates that while some sex offenders have trouble with sexual impulse control, this is not the case for all sexual offenders. In fact, research shows that a comparably small number of sex offenders have problems with self-regulation (Proulx, Perreault & Ouimet, 1999). Another weakness is the claim that adolescent males have difficulty distinguishing sexual drives from aggression because sexual urges and aggression are generated by the same general neurological structures. The assumption that basic human drives and capacities share neurological structures has been cast into doubt by the results of several studies (Kolb & Whishaw, 1995; Symons, 1979; Tooby & Cosmides, 1992).

Hall and Hirschman's Quadripartite Model

Hall and Hirschman (1991) grouped sex offender personality traits and characteristics derived from other studies into four factors they believed to be most significant in the etiology of sex offending: 1) sexual arousal, 2) thought processes, 3) emotional control and 4) personality problems or disorders. Hall and Hirschman proposed that while all four factors are important, one is generally prominent in the individual sexual offender.

For example, Hall and Hirschman determined that it is not only sexual arousal that is driving the deviant sexual behavior, but the individual's thoughts regarding the arousal. Thought processes — particularly those involving justifications and myths — may disinhibit an individual to such an extent that deviant sexual behavior seems acceptable or even appropriate. Believing rape myths is a prime example. Negative emotional moods also often precede sexual offending, with anger being an important aspect of negative emotion for rapists and depression being the same for child molesters. These emotional states become so uncomfortable that the individual has further difficulty controlling behavior. The final factor includes negative childhood conditions that contribute to personality characteristics highly associated with personality disorders. They include traits such as selfishness, a manipulative and exploitative personality, lack of remorse and an unstable or antisocial lifestyle. These traits interact with deviant sexual arousal, lack of emotional control or negative thought processes and intensify their respective impacts.

Many sex offenders have problems with self-regulation and impulse control.

Summary of the Evidence on Hall and Hirschman's Quadripartite Model

Hall and Hirschman's theory is based on sound empirical research about the traits of sex offenders, including the use of cognitive distortions, the presence of poor impulse control and problems with self-regulation of emotions and mood. Additionally, the notion that individual offenders display contrasting problems has empirical support. **Nevertheless, the theory has serious limitations.** One significant shortcoming is the failure of the theory to adequately explain the relationships that exist and interactions that take place among the theory's four etiological factors. Another shortcoming is the theory's inability to identify causal mechanisms behind each factor. A third is the theory's failure to explain how the factors function as motivations to abuse (Ward, 2000; Ward, Polachek & Beech, 2006; Stinson, Sales & Becker, 2008). In a 2001 study, Ward argues that Hall and Hirschman seem to confuse typology with theory. (See Chapter 3: "Sex Offender Typologies," in the Adult section for more.) Taken together, these shortcomings significantly limit the theory's etiological and clinical utility.

Ward and Siegert's Pathways Model

Ward and Siegert's Pathways Model attempts to combine the best of all of the integrated theories previously mentioned. The model suggests that a number of different pathways lead an individual to engage in sexually abusive behavior. Within each pathway, a unique set of factors contribute to sexual abuse. The theory focuses primarily on the sexual abuse of children by adults.

Based on different symptom clusters, Ward and Siegert created five causal pathways for the development of problematic and abusive sexual behavior:

1. The **intimacy deficit pathway** describes an offender who takes advantage of an opportunity to offend if a preferred sexual partner is not available. This offender has significant problems with intimacy and turns to sex to ease feelings of loneliness.
2. The **deviant sexual scripts pathway** suggests that sex offenders have distorted thought processes that guide their sexual and intimate behaviors. This involves a fundamental confusion between sex and intimacy as well as difficulty in determining when sexual contact is appropriate or desirable.
3. The **emotional deregulation pathway** is the primary cause of abusive sexual behavior with children. Offenders in this category demonstrate significant problems regulating emotional states. In this pathway, the offender experiences negative mood states that he or she is unable to manage.
4. The **antisocial cognition pathway** involves attitudes and beliefs supportive of criminal behavior. Such offenders have an antisocial lifestyle, a significant sense of entitlement and little regard for the emotional and psychological needs of others. They commonly endorse cultural beliefs consistent with their offending lifestyle.
5. The **multiple dysfunctional mechanisms pathway** involves all symptom clusters associated with the previous pathways, with no single prominent feature among them.

In the pathways model, situational stressors serve as triggers to sexually abuse children. The specific triggers will vary according to the particular profile of causes underlying each individual's pathway. For example, for offenders who have distorted thought processes, the sexual need combined with the judgment that it is safe to

abuse will result in a sexual offense. For an offender with deficits in emotional competence, intensely stressful situations can precede an offense (Ward, Polachek & Beech, 2006).

Summary of the Evidence on Ward and Siegert's Pathways Model

This theory lacks a substantial evidential base. The data supporting the basic tenets came from other areas of psychology and there is little direct support from the sex offender research. It has also yet to be subjected to explicit evaluation. Additionally, there is no empirical justification for grouping offenders into separate categories. In fact, there is research to suggest that individuals in all five pathways share many of the same traits and they are not characteristic of only one pathway (Simon, 1997a, 1997b, 2002).

The theory also relies heavily on cognitive distortions related to deviant sexual attitudes and beliefs. However, similar to other cognitive theories, Ward and Siegert did not fully explain how an individual moves from a thought to a behavior. Nor did they address the origin of the symptom clusters or the role of each cluster. Finally, Ward and Siegert do not address the role of pedophilia in the sexual abuse of children. They mention that offenders experience deviant sexual arousal but do not explain the origin of this arousal. Rather, they focus on the psychological variables that interact with this arousal to result in sexual offending (Stinson, Sales & Becker, 2008).

Nonetheless, the pathways model has a number of strengths. The model addresses some of the issues that have been empirically linked to sex offending behaviors. For example, problems with self-regulation of emotions and a sense of entitlement have been shown to be associated with sex offending behavior, though not in a causal way. Perhaps the theory's greatest strength is its in-depth description of the factors involved in sexual offending and the ability to unify promising aspects of other theories.

Malamuth's Confluence Model

The main idea behind Malamuth's Confluence Model is that two factors — promiscuous-impersonal sex and hostile masculinity — merge to result in sexually aggressive behavior. A desire for intimacy through sex and the development of long-term relationships or monogamous sexual activity is lacking. The relevance of sexual promiscuity to sexually aggressive behavior is related to evolutionary theory. In short, natural selection has created fundamentally different psychological mechanisms in the brains of women and men with regard to sex and intimacy, resulting in the male's preference for short-term over long-term mating patterns. If men are adapted for sexual performance in impersonal contexts, then a disinterested or unwilling partner may fail to inhibit or may even entice sexual aggression.

Hostile masculinity involves dominating and controlling personality traits, particularly in regard to women. According to Malamuth's theory, it is in women's reproductive interest to withhold sex from insufficiently invested partners. Drawing on an earlier study that found that withholding sex angers men (Buss, 1998), Malamuth theorized that if a woman repeatedly withholds sex from a man, or does so at a developmentally significant time, the male may develop a chronically hostile interpersonal style. Thus, the male will be easily angered and resort to coercion and force to assert his dominance whenever he perceives that a woman is threatening his reproductive success (Malamuth, 1996).

Dean and Malamuth (1997) introduced a third component to the confluence model — the influence of a high-dominance, low-nurturance approach to interpersonal relationships. This personality style is distinguished by self-interested motives and goals, a lack of compassion or insensitivity and little concern for potential harm to others (Malamuth, 1998). Malamuth suggested that the level of dominance or nurturance traits develops as a result of early childhood socialization and the incorporation of familial and cultural messages. Malamuth also believed the development of a dominant personality style was due in part to evolutionary processes (Dean & Malamuth, 1997; Malamuth, 1998).

Summary of the Evidence on Malamuth's Confluence Model

Research on the confluence model suggests that a number of important tenets of the theory are valid. For example, a relationship between dominance and sexual aggression has been documented empirically. There is also empirical evidence that those who use sexual coercion are more likely to endorse short-term mating strategies, and that hostile masculinity is related to negative attitudes toward women (Dean & Malamuth, 1997; Malamuth et al., 1995). Research has also found that men with self-interested motives are far more likely to act on aggressive thoughts than those with more compassion or empathy (Malamuth, 1998). **Still, the confluence model has limitations, many of which relate to the shortcoming of evolutionary theory,** including using animal models as a basis for modeling human behavior (Stinson, Sales & Becker, 2008). Also, the confluence model does not take into consideration situational factors, emotional dysregulation or strong cognitive rationalizations. These and other variables that may contribute to sexual aggression have not been considered in the confluence model, and their absence from the model has not been adequately explained.

Stinson, Sales and Becker's Multimodal Self-Regulation Theory

Multimodal Self-Regulation Theory was recently introduced as an etiological explanation of sexual offending by Stinson, Sales and Becker (2008). The theory integrates various psychological perspectives and implicates self-regulatory deficits as a key variable in the development of sexually inappropriate interests and behaviors. As part of the theory, Stinson, Sales and Becker (2008) argue that significant self-regulatory deficits resulting from negative childhood experiences combine for the development of deviant sexual interest and arousal. When certain biological and temperamental vulnerabilities are also present, the individual is unable to manage his or her behavior and sexual offending can result.

Key to this theory is the premise that sexual arousal becomes linked with a deviant or inappropriate stimulus at some early point in sexual development. This occurs through the mind's attempt to label the experience of sexual arousal and to associate a source with the arousal. Since this scenario is unlikely to occur on its own, other dynamics are necessary for the connection to occur. The individual would have to normalize the experience in some way and also lack other sources to achieve the same results. Nelligan (2013), for example, found that deviant sexual arousal was correlated with trauma levels in juveniles who commit sexual offenses, and that deviant arousal mediated the relationship between the juvenile's trauma history and severity of sexual offending.

Stinson, Sales and Becker (2008) suggested that behavioral conditioning in the development of abusive sexual behaviors also occurs, as sexual gratification coupled with a lack of corrective action helps solidify the behavior. Over time, the reinforcing effects of these practices, combined with a lack of negative consequences, will contribute to the development of a deviant sexual interest.

Stinson, Sales and Becker (2008) also suggested that cognitive beliefs and personality traits could serve as mediators in the development of deviant sexual behaviors. These include egocentricity, a need for excitement and sensation, resentment and a sense of entitlement, impulsivity and irresponsibility. Finally, external factors (e.g., parental support for violence against women) and the development of offense-supportive cognitive beliefs (e.g., a man's right to control a woman) solidify the behavior in the individual.

Summary of the Evidence on Stinson, Sales and Becker's Multimodal Self-Regulation Theory

Given the relatively recent introduction of the **multimodal self-regulation theory, there is a paucity of empirical research regarding its validity.** However, **there is empirical support for many tenets of the theory,** including the roles that negative developmental experiences, cognitive distortions and a lack of emotional control play in sexual offending. Still, some of the linkages hypothesized in the theory have been criticized for being implausible (a criticism the authors acknowledge) because deviant sexual interests are not found among

all sex offenders, making it difficult to generalize the theory to the larger sex offender population (Stinson, Sales & Becker, 2008). Far more evaluative research needs to be undertaken before the validity and utility of the multimodal self-regulation theory can be determined.

There is no simple answer to the question of why people engage in sexual offending behavior. The problem of sexual offending is too complex to attribute solely to a single theory. Multifactor theories provide greater insight into the causes of sexual offending.

Finally, a team of researchers at the Rand Corporation³ conducted a review of the literature on adults who sexually offend against other adults, with a focus on the common characteristics and behavior patterns of perpetrators of sexual assault.⁴ Among its key conclusions were the following:

- Sexual assault perpetrators are a very heterogeneous group.
- Sexual assault perpetrators make a series of decisions that lead to opportunities to commit assault.
- Sexual assault perpetration is likely influenced by different combinations of factors.

Summary

The field of sex offender management has yet to find a clear explanation or cause for sexual offending behavior. Despite many unanswered questions, research has produced a number of important findings about the etiology of sexual offending:

1. No single factor or cause of sexual offending has yet been identified. Research suggests that a combination of factors likely contribute to sexual offending behavior.
2. Negative or adverse conditions in an individual's early development lead to poor attachment to others, particularly caregivers, and these conditions contribute to the development of sexual offending behaviors. These negative or adverse conditions may include sexual and/or physical abuse, as well as emotional neglect or absence.
3. Like other behaviors, sexual abuse appears to be a learned behavior. Further, the learning of sexually abusive behavior is influenced by reinforcement and punishment. If the perceived punishment for sex offending is sufficient, the behavior is less likely to occur. However, the specific punishments needed to mitigate sexual offending remain unclear, particularly in light of the cognitive distortions maintained by many sex offenders.
4. Many sex offenders have cognitive distortions or thinking errors, and these distorted thinking patterns appear to be involved in maintaining deviant sexual behavior. Many child victims of sexual assault who have thinking errors related to their own assault develop sexual offending behaviors as adults. These thinking errors often parallel common myths about sexual assault (e.g., there's nothing wrong with it, no harm is done, the victim wants it and enjoys it).

5. Repeated exposure to sexually violent pornography may contribute to hostility toward women, acceptance of rape myths, decreased empathy and compassion for victims and an increased acceptance of physical violence toward women. Positive reinforcement for the behavior, coupled with thinking errors, increases the likelihood that these beliefs will lead to sexually abusive behaviors.
6. Sex offenders appear to have a problem with self-regulation of emotions and moods as well as with impulse control. Self-regulation and impulse control problems both appear to be related to sexual offending behavior. However, a causal relationship has not been clearly established.
7. Men who use sexual coercion are more likely to engage in short-term relationships and maintain negative attitudes toward women. Men with self-interested motives are more likely to act on aggressive thoughts than those with more compassion or empathy.

It also should be noted that other etiological variables that are not addressed in this chapter have been linked to sexual offending. These include alcohol and drugs, domestic violence and mental illness. These variables have been found to be factors in sex offending in some cases; however, there is no scientific evidence that any of these factors are the cause of sexual violence. In addition, there is evidence that some individuals who are already prone to sexual offending behavior become more likely to engage in that behavior when certain situational factors or variables are present. These factors may include limited intellectual functioning, the use of alcohol or drugs, stress within the family/home or loss of a relationship or job. **These situational factors, however, do not cause the sexual offending behavior but may increase the likelihood that it will occur in an individual who is already prone to the problem.**

Although numerous theories concerning the etiology of sexual offending have been proposed and empirically tested, knowledge about the causes of sexual offending remains somewhat rudimentary. This is due, at least in part, to two sets of factors: one related to etiological research and the other to etiological theories themselves. Two major, overwhelming shortcomings are noted from this review of the literature: the problem of sampling used in the research and a lack of intersection and balance among the different theoretical perspectives.

Much of the etiological research undertaken to date is based on populations of sex offenders who are either in treatment, in prison or both. This is problematic because the evidence is clear that many sex offenders are never identified by authorities; hence, these studies generally represent a very small percentage of individuals who engage in sexually aggressive or abusive behavior. Many etiological studies also rely on data self-reported by sexual offenders. Because sex offenders are commonly known to engage in cognitive distortions, the validity of their self-reporting remains questionable. There may also be incentives for cooperation in treatment, such as reduced sentencing. Offenders who deny their offenses altogether typically are not included in research. Because many perpetrators who engage in sexually aggressive and abusive behaviors deny it, this implies that a large percentage of the population is ignored in research.

Equally important is the propensity of etiological theories to focus on explanations for sexual offending that reside within the individual. Most etiological theories are steeped in the traditional scientific fields of biology, psychology and psychiatry. Hence, the focus largely has been on psychopathological and cognitive-behavioral causes of sex offending. These perspectives, in turn, have strongly influenced policy debates regarding sex offender management and intervention. Few of the integrated theories that have been proposed consider the ways in which social structures and cultural phenomena contribute to sexual offending behavior. Some theories acknowledge situational and environmental factors as related variables or mediators, but the overwhelming emphasis is related to problems within the individual. Consideration of a broader range of theoretical perspectives may be necessary to understand and effectively combat sexual offending behavior. **Ending sexual violence may require knowledge and change at the individual, social and institutional levels.**

Several other dynamics identified in etiological research warrant further study, including the following:

1. Early maltreatment in childhood development and its impact on attachment.
2. The role of distorted thinking, how thinking errors originate, and why some individuals act on these thoughts and others do not.
3. How sexual behavior is learned and, more specifically, the role of punishment (e.g., what punishment is most effective, when and how punishment should be administered) and reinforcement (including the lack of reinforcement for nonoffending sexual behaviors).
4. The impact of sexually violent and exploitive images in the culture, not only in pornography but also in advertising, videos and music (among others).

Because much of the etiological research undertaken to date is retrospective in nature, there is a clear need for prospective, longitudinal research, particularly to explore antecedents to sex offending and changes in sexually aggressive behavior over time. Efforts to employ samples that are more representative of the range of individuals who commit sex crimes also are needed, along with studies that include samples of nonoffenders and studies that incorporate the experiences of victims. Victims — both female and male — could contribute valuable information about offender motivations and behaviors through detailed disclosures of their interactions with offenders. This would also allow more opportunity to include the experiences of female victims, as opposed to the current focus on male victims who become sexual abusers. Rather than focusing on why some male victims go on to abuse others, perhaps it is time to ask why most victims, particularly females, do *not* go on to engage in offending behavior. Including family members associated with the offender could be useful as well. More research into the area of gender relations within the culture is also merited. **There also is a need for further study regarding the integration of theories and the ways that different factors involved in sexual offending relate to one another. This need was identified by the national experts at the SOMAPI forum.** Success in this area, however, requires more openness and collaboration among researchers with different theoretical perspectives and less loyalty to a particular focus or field of study.

Notes

1. This chapter does not distinguish between offenders who sexually abuse adults and those who sexually abuse children. However, when a theory focuses specifically on one of those populations, it is noted in the discussion. In addition, this chapter does not present research findings on the etiology of sexual offending perpetrated by juveniles. (For that discussion, see Chapter 2: “Etiology and Typologies of Juveniles Who Have Committed Sexual Offenses,” in the Juvenile section.)
2. Some feminist theorists argue that all pornography is violent because it is based on the sexual exploitation and degradation of women.
3. Greathouse, Saunders, Matthews, Keller & Miller (2015).
4. Although the review did not focus on studies dealing with military populations, it was undertaken to assist the United States Air Force in its efforts to combat sexual assault.

References

- Aigner, M., Eher, R., Fruehwalk, S., Forttier, P., Gurierrez-Lobos, K. & Dwyer, S.M. (2000). Brain abnormalities and violent behavior. *Journal of Psychology and Human Sexuality*, *11*, 57–64.
- Bailey, R.C. (1988). The significance of hypergyny for understanding subsistence behavior among contemporary hunters and gatherers. In B.V. Kennedy & G.M. LeMoine (Eds.), *Diet and Subsistence: Current Archaeological Perspectives* (pp. 57–65). Calgary, AB: University of Calgary Press.
- Bain, J., Langevin, R., Dickey, R., Dickey, R. & Ben-Aron, M. (1987). Sex hormones in murderers and assaulters. *Behavioral Science and the Law*, *5*, 95–101.
- Becker, J.V. (1998). What we know about the characteristics and treatment of adolescents who have committed sexual offenses. *Child Maltreatment: Journal of the American Professional Society on the Abuse of Children*, *3*, 317–329.
- Becker, J. & Murphy, W. (1998). What we know and don't know about assessing and treating sex offenders. *Psychology, Public Policy and Law*, *4*, 116–137.
- Beckmann, J., Dupont, A., Erling, I., Jacobsen, P., Mikkelsen, M. & Theilgaard, A. (1974). Report of sex chromosome abnormalities in mentally retarded male offenders including a psychological study of patients with XYY and XXYY karyo-types. *Journal of Mental Deficiency Research*, *18*, 331–353.
- Berliner, L. & Elliot, D.M. (2002). Sexual abuse of children. In J.E.B. Meyers, L. Berliner, J. Briere, C.T. Hendriz, C. Jenny & T.A. Reid (Eds.), *The APSAC Handbook on Child Maltreatment*, 2d ed. (pp. 55–78). Thousand Oaks, CA: Sage.
- Bowlby, J. (1988). Developmental psychiatry comes of age. *American Journal of Psychiatry*, *145*, 1–10.
- Briggs, F. & Hawkins, R.M.F. (1996). A comparison of the childhood experiences of convicted male child molesters and men who were sexually abused in childhood and claimed to be non-offenders. *Child Abuse & Neglect*, *20*, 221–233.
- Burgess, A.W., Hartman, C.R. & McCormack, A. (1987). Abused to abuser: Antecedents of socially deviant behaviors. *American Journal of Psychiatry*, *144*, 1431–1436.
- Burt, M.R. (1980). Cultural myths and supports for rape. *Journal of Personality and Social Psychology*, *38*, 217–230.
- Burton, D.L. (2000). Were adolescent sex offenders children with sexual behavior problems? *Sexual Abuse: A Journal of Research and Treatment*, *12*, 37–48.
- Burton, D.L., Miller, D.L. & Schill, C.T. (2002). A social learning theory comparison of the sexual victimization of adolescent sex offenders and nonsexual male delinquents. *Child Abuse & Neglect*, *26*, 893–907.
- Buss, D.M. (1998). The psychology of human mate selection: Exploring the complexity of the strategic repertoire. In C. Crawford & D.L. Krebs (Eds.), *Handbook of Evolutionary Psychology: Ideas, Issues, and Applications* (pp. 405–429). Mahwah, NJ: Erlbaum.
- Check, J.V.P. & Guloien, T.H. (1989). Reported proclivity for coercive sex following repeated exposure to sexually violent pornography, nonviolent dehumanizing pornography and erotica. In D. Zillman & J. Bryant (Eds.), *Pornography: Research Advances and Policy Considerations* (pp. 159–184). Hillsdale, NJ: Erlbaum.

- Chung, D. (2005). Violence, control, romance and gender equality: Young women and heterosexual relationships. *Women's Studies International Forum*, 28, 445–455.
- Connell, R.W. (2000). *Masculinities*. Cambridge, England: Polity Press.
- Corley, A., Corley, M.D., Walker, J. & Walker, S. (1994). The possibility of organic left posterior hemisphere dysfunction as a contributing factor in sex offending behavior. *Sexual Addiction and Compulsivity*, 1, 337–346.
- Cossins, A. (2000). *Masculinities, Sexualities and Child Sexual Abuse*. The Hague: Kluwer Law International.
- Craissati, J., McClurg, G. & Browne, K. (2002). Characteristics of perpetrators of child sexual abuse who have been sexually victimized as children. *Sexual Abuse: A Journal of Research and Treatment*, 14, 225–239.
- Day, K. (1994). Male mentally handicapped sex offenders. *British Journal of Psychiatry*, 165, 630–639.
- Dean, K.E. & Malamuth, N.M. (1997). Characteristics of men who aggress sexually and of men who imagine aggressing: Risk and moderating variables. *Journal of Personality and Social Psychology*, 72(2), 449–455.
- Domhardt, M., Münzer, J., Fegert, J.L. & Goldbeck, L. (2015). Resilience in Survivors of Child Sexual Abuse: A Systematic Review of the Literature. *Trauma, Violence, & Abuse*, 16(4), 476–493.
- Eisenman, R. (2000). Explaining sex offenders: The concept of imprinting. *International Journal of Adolescence and Youth*, 8, 1–9.
- Figueredo, A.J., Sales, B.D., Becker, J.V. & Kaplan, M. (2000). A Brunswikian evolutionary-developmental theory of adolescent sexual offending. *Behavioral Sciences and the Law*, 18, 309–329.
- Freeman-Longo, R.E. (1986). The impact of sexual victimization on males. *Child Abuse & Neglect*, 10, 411–414.
- Freund, K. (1990). Courtship disorder. In W.L. Marshall, D.R. Laws, & H.E. Barbaree (Eds.), *Handbook of Sexual Assault: Issues, Theories, and Treatment of the Offender* (pp. 195–207). New York: Plenum Press.
- Freund, K. & Kuban, M. (1994). The basis of the abused abuser theory of pedophilia: A further elaboration on an earlier study. *Archives of Sexual Behavior*, 23, 553–563.
- Freund, K., Scher, H. & Hucker, S. (1983). The courtship disorders: A further investigation. *Archives of Sexual Behavior*, 27, 433–443.
- Freund, K., Scher, H. & Hucker, S.J. (1984). The courtship disorders: A further investigation. *Archives of Sexual Behavior*, 13, 133–139.
- Galski, T., Thornton, K.E. & Shumsky, D. (1990). Brain dysfunction in sex offenders. *Journal of Offender Rehabilitation*, 16, 65–79.
- Garland, R.J. & Dougher, M.J. (1990). The abused/abuser hypothesis of child sexual abuse: A critical review of theory and research. In J.R. Feierman (Ed.), *Pedophilia: Biosocial Dimensions* (pp. 488–509). New York: Springer.
- Graham, K. (1996). The childhood victimization of sex offenders: An under-estimated issue. *International Journal of Offender Therapy and Comparative Criminology*, 40(3), 192–203.
- Greathouse, S.M., Saunders, J., Matthews, M., Keller, K.M. & Miller, L.L. (2015). *A Review of the Literature on Sexual Assault Perpetrator Characteristics and Behaviors*. Santa Monica, CA: Rand Corporation.

- Hall, G.C.N. & Hirschman, R. (1991). Toward a theory of sexual aggression: A quadripartite model. *Journal of Consulting and Clinical Psychology, 59*, 662–669.
- Hanson, R.K. (1999). Working with sex offenders: A personal view. *Journal of Sexual Aggression, 4*, 81–93.
- Hanson, R.K., Gizzarelli, R. & Scott, H. (1994). The attitudes of incest offenders: Sexual entitlement and acceptance of sex with children. *Criminal Justice and Behavior, 21*, 187–202.
- Harrison, L.E., Clayton-Smith, J. & Bailey, S. (2001). Exploring the complex relationship between adolescent sexual offending and sex chromosome abnormality. *Psychiatric Genetics, 11*, 5–10.
- Howells, K. (1994). Child sexual abuse: Finkelhor's precondition model revisited. *Psychology, Crime and Law, 1*, 201–214.
- Howitt, D. (1995). Pornography and the paedophile: Is it criminogenic? *British Journal of Medical Psychology, 68(1)*, 15–27.
- Hucker, S. & Bain, J. (1990). Androgenic hormones and sexual assault. In W.L. Marshall & D.R. Laws (Eds.), *Handbook of Sexual Assault: Issues, Theories and Treatment of the Offender* (pp. 93–102). New York: Plenum Press.
- Hucker, S., Langevin, R., Wortman, G., Bain, J., Handy, L., Chambers, J. & Wright, S. (1986). Neuropsychological impairment in pedophiles. *Canadian Journal of Behavioral Science, 18*, 440–448.
- Hummel, P., Thomke, V., Oldenburger, H.A. & Specht, F. (2000). Male adolescent sex offenders against children: Similarities and differences between those offenders with and those without a history of sexual abuse. *Journal of Adolescence, 23*, 305–317.
- Hunter, J.A. Jr. & Becker, J.V. (1994). The role of deviant sexual arousal in juvenile sexual offending: Etiology, evaluation and treatment. *Criminal Justice and Behavior, 21*, 132–149.
- Jenkins, A. (1990). *Invitations to Responsibility: The Therapeutic Engagement of Men Who Are Violent and Abusive*. Adelaide, South Australia: Dulwich Centre Publications.
- Jonson-Reid, M. & Way, I. (2001). Adolescent sexual offenders: Incidence of childhood maltreatment, serious emotional disturbance and prior offenses. *American Journal of Orthopsychiatry, 71(1)*, 120–130.
- Keenan, T. & Ward, T. (2000). A theory of mind perspective on cognitive, affective and intimacy deficits in child sex offenders. *Sexual Abuse: A Journal of Research and Treatment, 12*, 49–60.
- Knox, L.A. (2014). *Attachment and Adolescent Offending: An Examination of the Links between Sexually Abusive Behavior and the Level of Attachment to Parents and Peers*. Portland, OR: Portland State University.
- Knudsen, D.D. (1988). Child sexual abuse and pornography: Is there a relationship? *Journal of Family Violence, 3*, 253–267.
- Kolb, B. & Whisaw, I.W. (1995). *Fundamentals of Human Neuropsychology*, 4th ed. New York: W.H. Freeman & Co.
- Lahey, K.A. (1991). Pornography and harm: Learning to listen to women. *International Journal of Law & Psychiatry, 14*, 117–131.

- Lalumiere, M.L., Chalmers, L.J., Quinsey, V.L. & Seto, M.C. (1996). A test of the mate deprivation hypothesis of sexual coercion. *Ethology and Sociobiology*, *17*, 299–318.
- Lalumiere, M.L. & Quinsey, V.L. (1994). The discriminability of rapists from non-sex offenders using phallometric measures: A meta-analysis. *Criminal Justice and Behavior*, *21*, 150–175.
- Langevin, R., Bain, J., Wortzman, G., Hucker, S., Dickey, R. & Wright, P. (1988). Sexual sadism: Brain, blood, and behavior. *Annals of the New York Academy of Sciences*, *528*, 163–171.
- Langevin, R., Wortzman, G., Dickey, R., Wright, P. & Handy, L. (1988). Neuropsychological impairment in incest offenders. *Annals of Sex Research*, *1*, 401–415.
- Laws, D.R. & Marshall, W.L. (1990). A conditioning theory of the etiology and maintenance of deviant sexual preference and behavior. In W.L. Marshall, D.R. Laws & H.E. Barbaree (Eds.), *Handbook of Sexual Assault: Issues, Theories, and Treatment of the Offender* (pp. 209–230). New York: Plenum Press.
- Leguizamo, A. (2002). The object relations and victimization histories of juvenile sex offenders. In B.K. Schwartz (Ed.), *The Sex Offender: Current Treatment Modalities and Systems Issues*, vol. 4 (pp. 4-2– 4-35). Kingston, NJ: Civic Research Institute.
- Linz, D.G., Donnerstein, E. & Penrod, S. (1988). Effects of long-term exposure to violent and sexually degrading depictions of women. *Journal of Personality and Social Psychology*, *55*, 758–768.
- Lonsway, K.A. & Fitzgerald, L.F. (1994). Rape myths: In review. *Psychology of Woman Quarterly*, *18*, 133–164.
- Looman, J. & Marshall, W.L. (2005). Sexual arousal in rapists. *Criminal Justice and Behavior*, *32*, 367–389.
- Malamuth, N.M. (1996). The confluence model of sexual aggression: Feminist and evolutionary perspectives. In D.M. Buss & N.M. Malamuth (Eds.), *Sex, Power, Conflict: Evolutionary and Feminist Perspectives* (pp. 269–295). New York: Oxford University Press.
- Malamuth, N.M. (1998). The confluence model as an organizing framework for research on sexually aggressive men: Risk moderators, imagined aggression, and pornography consumption. In R.G. Green & E. Donnerstein (Eds.), *Human Aggression: Theories, Research, and Implications for Social Policy* (pp. 229–245). San Diego, CA: Academic Press.
- Malamuth, N.M. & Check, J.V.P. (1980). Penile tumescence and perceptual responses to rape as a function of victim's perceived reactions. *Journal of Applied Social Psychology*, *10*(6), 528–547.
- Malamuth, N.M. & Check, J.V.P. (1981). The effects of mass media exposure on acceptance of violence against women: A field experiment. *Journal of Research in Personality*, *15*, 536–446.
- Malamuth, N.M. & Check, J.V.P. (1985). The effects of aggressive pornography on beliefs in rape myths: Individual differences. *Journal of Research in Personality*, *19*, 299–320.
- Malamuth, N.M. & Heilmann, M.F. (1998). Evolutionary psychology and sexual aggression. In C. Crawford & D.L. Krebs (Eds.), *Handbook of Evolutionary Psychology: Ideas, Issues and Applications* (pp. 515–542). Mahwah, NJ: Erlbaum.

- Malamuth, N.M., Linz, D., Heavey, C.L., Barnes, G. & Acker, M. (1995). Using the confluence model of sexual aggression to predict men's conflict with women: A 10-year follow-up study. *Journal of Personality and Social Psychology, 69*, 353–369.
- Marshall, W.L. (1988). The use of sexually explicit stimuli by rapists, child molesters and nonoffenders. *Journal of Sex Research, 25*, 267–288.
- Marshall, W.L. (1989) Intimacy, loneliness and sex offenders. *Behavior Research and Therapy, 27*, 491–504.
- Marshall, W.L., Anderson, D. & Champaigne, F. (1997). Self-esteem and its relationship to sexual offending. *Psychology, Crime, & Law, 3*, 161–186.
- Marshall, W.L., Anderson, D. & Fernandez, Y.M. (1999). *Cognitive Behavioral Treatment of Sex Offenders*. Chichester, England: Wiley.
- Marshall, W.L. & Barbaree, H.E. (1990). An integrated theory of the etiology of sexual offending. In W.L. Marshall, D.R. Laws & H.E. Barbaree (Eds.), *Handbook of Sexual Assault: Issues, Theories, and Treatment of the Offender* (pp. 257–275). New York: Plenum Press.
- Marshall, W.L. & Marshall, L.E. (2000). The origins of sex offending. *Trauma, Violence and Abuse, 1*, 250–263.
- Murray, G.C., McKenzie, K., Quigley, A., Matheson, E., Michie, A.M. & Lindsay, W.R. (2001). A comparison of the neuropsychological profiles of adult male sex offenders and non-offenders with a learning disability. *Journal of Sexual Aggression, 7*, 57–64.
- Nelligan, K.E. (2013). *Trauma, Deviant Sexual Arousal and Sexual Aggression in Adolescent Male Sexual Offenders*. Keene, NH: Antioch University-New England.
- Norris, J. (1991). Social influence effects on responses to sexually explicit material containing violence. *Journal of Sex Research, 28*, 67–76.
- O'Callaghan, D. (1998). Practice issues in working with young abusers who have learning disabilities. *Child Abuse Review, 7*, 435–448.
- Proulx, J., Perreault, C. and Ouimet, M. (1999). Pathways in the offending process of extrafamilial sexual child molesters. *Sexual Abuse: A Journal of Research and Treatment, 11*, 117–129.
- Putnam, F.W. (2003). Ten year research updates review: Child sexual abuse. *Journal of the American Academy of Child and Adolescent Psychiatry, 42*, 269–278.
- Quinsey, V.L. & Lalumiere, M.L. (1995). Evolutionary perspectives on sexual offending. *Sexual Abuse: A Journal of Research and Treatment, 7*, 301–315.
- Ryan, G. (2002). Victims who go on to victimize others: No simple explanations. *Child Abuse & Neglect, 26*, 891–892.
- Scott, M.B. & Lyman, S.M. (1968). Accounts. *American Sociological Review, 33*, 46–61.
- Scully, D. (1990). *Understanding Sexual Violence: A Study of Convicted Rapists*. Boston: Unwin Hyman.

- Segal, Z.V. & Stermac, L.E. (1990). The role of cognition in sexual assault. In W.L. Marshall, D.R. Laws & H.E. Barbaree (Eds.), *Handbook of Sexual Assault: Issues, Theories and Treatment of the Offender* (pp. 161–174). New York: Plenum Press.
- Seghorn, T.K., Prentky, R.A. & Boucher, R.J. (1987). Childhood sexual abuse in the lives of sexually aggressive offenders. *Journal of the American Academy of Child and Adolescent Psychiatry*, 26, 262–267.
- Seidman, B.T., Marshall, W.L., Hudson, S.M. & Robertson, P.J. (1994). An examination of intimacy and loneliness in sex offenders. *Journal of Interpersonal Violence*, 9, 518–534.
- Seto, M.C., Cantor, J.M. & Blanchard, R. (2006). Child pornography offenses are a valid diagnostic indicator of pedophilia. *Journal of Abnormal Psychology*, 115, 610–615.
- Simon, L.M.J. (1997a). Do criminal offenders specialize in crime types? *Applied and Preventative Psychology*, 6, 35–53.
- Simon, L.M.J. (1997b). The myth of sex offender specialization: An empirical analysis. *New England Journal on Criminal and Civil Commitment*, 23, 387–403.
- Simon, L.M.J. (2002). An examination of the assumptions of specialization, mental disorder and dangerousness in sex offenders. *Behavioral Sciences and the Law*, 18, 275–308.
- Sinclair, R.C., Lee, T. & Johnson, T.E. (1995). The effect of social-comparison feedback on aggressive responses to erotic and aggressive films. *Journal of Applied Social Psychology*, 25, 818–837.
- Smallbone, S.W. & Dadds, M.R. (2000). Attachment and coercive sexual behavior. *Sexual Abuse Journal of Research and Treatment*, 12(1), 3–15.
- Stinson, J.D., Sales, B.D. & Becker, J.V. (2008). *Sex Offending: Causal Theories to Inform Research, Prevention and Treatment*. Washington, DC: American Psychological Association.
- Sykes, G. & Matza, D. (1957). Techniques of neutralization: A theory of delinquency. *American Sociological Review*, 22, 664–670.
- Symons, D. (1979). *The Evolution of Human Sexuality*. New York: Oxford University Press.
- Thornhill, R. & Palmer, C.T. (2000). *A Natural History of Rape: Biological Bases of Sexual Coercion*. Cambridge, MA: MIT Press.
- Tooby, J. & Cosmides, L. (1992). The psychological foundations of culture. In J.H. Barkow, L. Cosmides, & J. Tooby (Eds.), *The Adapted Mind: Evolutionary Psychology and the Generation of Culture* (pp. 19–36). New York: Oxford University Press.
- Travis, C.B. (2003). *Evolution, Gender, and Rape*. Cambridge, MA: MIT Press.
- Veneziano, C., Veneziano, L. & LeGrand, S. (2000). The relationship between adolescent sex offender behaviors and victim characteristics with prior victimization. *Journal of Interpersonal Violence*, 15, 363–371.
- Ward, T. (2000). Sex offenders' cognitive distortions as implicit theories. *Aggression and Violent Behavior*, 5, 491–507.

- Ward, T. (2001). A critique of Hall & Hirschman's quadripartite model of child sexual abuse. *Psychology, Crime & Law, 7*, 333–350.
- Ward, T. & Hudson, S.M. (1998). A model of the relapse process in sex offenders. *Journal of Interpersonal Violence, 13*, 700–725.
- Ward, T., Hudson, S.M. & Keenan, T. (1998). A self-regulation model of the sexual offense process. *Sexual Abuse: A Journal of Research and Treatment, 10*, 141–157.
- Ward, T., Hudson, S., Marshall, W. & Siegert, R. (1995). Attachment styles and intimacy deficits in sexual offenders: A theoretical framework. *Sexual Abuse: A Journal of Research and Treatment, 7*(4), 317–335.
- Ward, T. & Keenan, T. (1999). Child molesters' implicit theories. *Journal of Interpersonal Violence, 14*, 821–838.
- Ward, T., Polachek, D.L.L. & Beech, A.R. (2006). *Theories of Sexual Offending*. Chichester, England: Wiley.
- White, M. (2000). *Reflections on Narrative Practice: Essays and Interviews*. Adelaide, South Australia: Dulwich Centre Publications.
- Worling, J.R. (1995). Adolescent sex offenders against females: Differences based on the age of their victims. *International Journal of Offender Therapy and Comparative Criminology, 39*, 276–293.
- Wright, P., Nobrega, J., Langevin, R. & Wortzman, G. (1990). Brain density and symmetry in pedophilic and sexually aggressive offenders. *Annals of Sex Research, 3*, 319–328.
- Zgourides, G., Monto, M. & Harris, R. (1997). Correlates of adolescent male sexual offense: Prior adult sexual contact, sexual attitudes and use of sexually explicit materials. *International Journal of Offender Therapy and Comparative Criminology, 41*, 272–283.

Chapter 3: Sex Offender Typologies

by Dominique A. Simons

FINDINGS

- ◆ Typologies are based on theories postulating that sex offenders specialize:
 - Child abusers: fixated-regressed, victim gender/relationship
 - Rapists: power-reassurance, power-assertive, anger-retaliation, sadistic
 - Females: co-offender, teacher lover/heterosexual nurturer
 - Internet: impulsivity/curiosity, fueling sexual interests, accessing victims/disseminating images, seeking financial gain
- ◆ Crossover offending presents a challenge to traditional typologies.
- ◆ Recent advances: developmental risk factors and offense pathways.

Introduction

Sexual violence remains a serious social problem with devastating consequences. However, resource scarcity within the criminal justice system continues to impede the battle against sexual violence. The challenge of “making society safer” not only includes the need for resources, but also requires a comprehensive understanding of accurate offense patterns and risk. (For a discussion of adult “Sex Offender Risk Assessment,” see Chapter 6 in the Adult section.) This knowledge may be used to devise offense typologies, or classification systems, that will inform decisions regarding investigation, sentencing, treatment and supervision. (For more on “The Effectiveness of Treatment for Adult Sex Offenders,” see Chapter 7 in the Adult section.)

Although other typologies exist, this chapter only includes the classification systems that have been empirically derived and validated. Two empirically validated typologies — Massachusetts Treatment Center: Child Molester Version 3 (MTC: CM3) and Rapist Version 3 (MTC: R3) (Knight & Prentky, 1990) — were not included because some researchers (e.g., Barbaree et al., 1994; Camilleri & Quinsey, 2008; Hudson & Ward, 1997) have questioned their clinical utility.¹

The crossover offending section encompasses more than 25 years of research using different methodologies and populations. Although not considered a classification system due to the dynamic nature of the offense pathways, the self-regulation model (SRM) was reviewed due to its clinical utility and relationship to risk. SRM has been validated using several offender populations and methodologies. Due to the limited scope of this chapter, this review focuses on adult sexual offenders, although some juvenile studies are included, where relevant. (For a discussion of “Etiology and Typologies of Juveniles Who Have Committed Sexual Offenses,” see Chapter 2 in the Juvenile section.)

Summary of Research Findings

Traditional Typologies

The majority of theories regarding sexual deviance postulate that sexual offenders specialize in types of victims and/or offenses (Simon, 1997). Researchers have developed specific classification-unique offender characteristics (Knight & Prentky, 1990; Simon et al., 1992). Most of these typologies imply that victimization (i.e., who is a potential victim) is linked to the specific type of sexual offender (e.g., rapists sexually assault adults/peers, child sexual abusers sexually assault children).

Traditional typologies have been developed to provide a comprehensive understanding of deviant sexual behaviors required for treatment intervention and effective supervision. However, classifying sexual offenders has been shown to be problematic. Sexual offenders exhibit heterogeneous characteristics, yet they present with similar clinical problems or criminogenic needs (e.g., emotional regulation deficits, social difficulties, offense supportive beliefs, empathy deficits and deviant arousal); the degree to which these clinical issues are evident varies among individual offenders (Gannon, Terriere & Leader, 2012; Ward & Gannon, 2006). Indeed, this heterogeneity challenges effective risk management and treatment of offenders (Martinez-Catena, Redondo, Frerich & Beech, 2016). Overall, traditional typologies have demonstrated considerable problems, as indicated by inadequate definitions and inconsistent research findings. In addition, most of the typologies have failed to address treatment issues and to predict recidivism (Camilleri & Quincy, 2008; Knight & Prentky, 1990). (For information on “Adult Sex Offender Recidivism,” see Chapter 5 in the Adult section.) This section reviews the most frequently used and empirically tested sex offender typologies for child sexual abusers, rapists, female offenders and internet sexual offenders.

Child Sexual Abusers

Finkelhor (1984) provides the most comprehensive definition of child sexual abuse: Child sexual abuse is the use of force/coercion of a sexual nature either when the victim is younger than age 13 and the age difference between the victim and the perpetrator is at least five years, or when the victim is between 13 and 16 and the age difference between the victim and perpetrator is at least 10 years. In this definition, coercion does not necessarily imply a direct threat. Child sexual abusers often develop a relationship with a child to manipulate him or her into compliance with the sexual act, which is perhaps the most damaging component of child sexual abuse (John Jay College, 2004). Indeed, a defining feature of child sexual abuse is the offender’s perception that the sexual relationship is mutual and acceptable (Groth, 1983).

Differences Between Child Sexual Abusers and Rapists

Child sexual abusers have been difficult to classify as they vary in economic status, gender, marital status, ethnicity and sexual orientation. Child sexual abusers are often characterized as exhibiting poor social skills, having feelings of inadequacy or loneliness, having greater sexual problems or being passive in relationships (Cortoni & Marshall, 2001; Groth, 1979; Maniglio, 2012; Marshall, 1993; Whitaker et al., 2008). They differ from rapists with respect to thought processes and affect, and often describe their offending behaviors as uncontrollable, stable and internal; whereas rapists attribute their offenses to external, unstable and controllable causes (Garlick, Marshall & Thorton, 1996). Indeed, Whitaker et al.’s (2008) meta-analytic review of 89 studies indicates child sexual abusers have fewer externalizing behaviors compared to rapists. Child sexual abusers display deficits in information-processing skills and maintain cognitive distortions to deny the impact of their offenses (e.g., having sex with a child is normative; Hayashino, Wurtele & Klebe, 1995; Whitaker et al., 2008). In contrast, rapists display distorted perceptions of women and sex roles, and often blame the victim for

their offense (Ó Ciardha, 2011; Polaschek, Ward & Hudson, 1997). With respect to affect, child sexual abusers assault to alleviate anxiety, loneliness and depression. Rapists typically assault as a result of anger, hostility and vindictiveness (Polaschek, Ward & Hudson, 1997). Many of these characteristics have been incorporated into the typologies of rapists and child sexual abusers (Camilleri & Quinsey, 2008; Groth, 1979; Knight & Prentky, 1990).

Pedophilic and Nonpedophilic Distinction

The most important distinction among child sexual abusers is whether they are pedophilic or nonpedophilic, because pedophilia has been shown to be a strong predictor of sexual recidivism (Hanson & Bussiere, 1998). **Not all individuals who sexually assault children are pedophiles. Pedophilia consists of a sexual preference for children that may or may not lead to child sexual abuse (e.g., viewing child pornography), whereas child sexual abuse involves sexual contact with a child that may or may not be due to pedophilia** (Camilleri & Quinsey, 2008). According to *the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition* (American Psychiatric Association, 2013), a diagnosis of pedophilia requires an individual to have recurrent, intense and sexually arousing fantasies, urges or behaviors directed toward a prepubescent child (generally 13 years of age or younger) over a period of at least six months; to have acted on these urges or to be distressed by them; and to be at least 16 years old and at least five years older than the child victim. The World Health Organization, which publishes the *International Statistical Classification of Diseases and Related Health Problems* (WHO, 2010) defines pedophilia as a sexual preference for children, boys or girls or both, usually of prepubertal or early pubertal by an adult.

Types of Child Sexual Abusers

One of the first typologies was formulated from the delineation of pedophilic and nonpedophilic child sexual abuse. Groth, Hobson and Gary (1982) classified child sexual abusers based on the degree to which the sexual behavior is entrenched and the basis for psychological needs (fixated-regressed typology). The fixated offender prefers interaction and identifies with children socially and sexually (Simon et al., 1992). These individuals often develop and maintain relationships with children to satisfy their sexual needs (Conte, 1991). In contrast, regressed child sexual abusers prefer social and sexual interaction with adults; their sexual involvement with children is situational and occurs as a result of life stresses (Simon et al., 1992). The majority of fixated child sexual abusers are individuals who sexually assault male children who are not related; regressed child sexual abusers often consist of incest offenders or offenders who sexually assault female adolescents (Priest & Smith, 1992). The fixated-regressed typology has been incorporated into the current models of sexual offending (e.g., self-regulation model; Ward & Hudson, 1998, 2000) discussed later in this chapter.

Victim Characteristic Distinction

Of the traditional models, the victim gender-relationship typology is the only model that has demonstrated clinical utility because it accounts for much of the variability in child sexual abuse, addresses treatment issues and is related to recidivism (Camilleri & Quinsey, 2008). The gender of the victim remains an important distinction among child sexual abusers because this factor has been shown to be a strong predictor of sexual reoffense (Hanson & Bussiere, 1998), although exactly what can be predicted is unclear. One study showed that male child sexual abusers who assault males are twice as likely to recidivate in comparison to offenders who abuse females (Quinsey, 1986). Yet, contradictory findings have also been reported in the literature. Several studies found that child sexual abusers who sexually assault females report over twice as many victims as same-sex child offenders (Abel et al., 1981). More recent studies have shown that mixed-gender child sexual abusers reported the highest number of victims (Cann, Friendship & Gozna, 2007; Stephens, Seto, Goodwill & Cantor, 2016), offenses (Simons & Tyler, 2010) and the highest rates of risk for reoffense (Abel et al., 1988; Kleban, Chesin, Jeglic & Mercado, 2013). However, after controlling for number of victims, mixed-gender offenders

were not more likely to sexually recidivate compared to child sexual abusers who offend against males and females exclusively (Stephens et al., 2016). Overall, small sample sizes and reliance on official records have limited the extensive investigation of this group.

Within this typology, child sexual abusers are also categorized based on their relationship to the victim (i.e., intrafamilial or extrafamilial). According to Rice and Harris (2002), intrafamilial child sexual abusers (i.e., incest offenders) are less psychopathic, less likely to report male victims, cause less injury, are less likely to exhibit pedophilia and have lower sexual and violent recidivism rates. Intrafamilial child sexual abusers are less likely to have antisocial tendencies (e.g., criminal history, substance abuse) and atypical sexual interests (Seto, Babchishin, Pullman & McPhail, 2015). Seto et al. (2015) also found intrafamilial offenders display fewer offense-supportive beliefs and interpersonal deficits than extrafamilial child sexual abusers. Extrafamilial child sexual abusers are more likely to be diagnosed with pedophilia (Seto et al., 2015) and are often unable to maintain adult relationships (Prentky et al., 1989). Although intrafamilial child sexual abusers substitute a child for an adult sexual partner, they often maintain their adult sexual relationships (Miner & Dwyer, 1997). Studies have reported that intrafamilial child sexual abusers have fewer victims as compared to extrafamilial sexual offenders (Miner & Dwyer, 1997) and lower rates of sexual recidivism (Stephens et al., 2016). These studies relied primarily on official records (i.e., criminal convictions), which do not take into account the possibility that many incest offenders may have undisclosed victims to whom they are not related. Nonetheless, the gender/relationship typology is the most frequently used and researched typology of child sexual abusers.

Extrafamilial child sexual abusers are more likely to be diagnosed with pedophilia and are often unable to maintain adult relationships.

Rapists

In comparison to child sexual abusers, rapists are more likely to be younger, to be socially competent and to have engaged in an intimate relationship (Gannon & Ward, 2008). Rapists differ from child sexual abusers in that they tend to be of lower socioeconomic status and are more likely to abuse substances and exhibit a personality disorder (e.g., antisocial disorder) or psychosis (Langstrom, Sjostedt & Grann, 2004). In addition, rapists often display the following criminogenic needs: intimacy deficits, negative peer influences, deficits in sexual and general self-regulation and offense-supportive attitudes (e.g., justification of the sexual offense and feelings of entitlement in relation to the expression of a strong sexual desire) (Craissati, 2005).

Rapists and Violent Offenders

Rapists have been found to have a greater number of previous violent convictions, and they tend to use greater levels of aggression and force than child sexual abusers (Bard et al., 1987). Likewise, rapists are more likely to reoffend violently rather than sexually. A meta-analysis conducted by Hanson and Bussiere (1998) found that of 1,839 rapists, 19 percent ($n = 349$) sexually recidivated and 22 percent ($n = 405$) violently recidivated over an average follow-up of five years.² The researchers assessed recidivism from several studies that reported the commission of another sex crime (e.g., rape) or violent crime (e.g., assault) through reconviction records (84 percent), arrest records (54 percent), self-reports (25 percent) and parole violation records (16 percent).³ They caution that these findings are based on diverse methods and follow-up periods.

Rapists have been shown to resemble violent offenders or criminals in general. Similar to violent offenders, Simon (2000) found that rapists displayed significant diversity in their offense records in comparison to child

sexual abusers and had committed equivalent proportions of drug-related offenses, thefts and burglaries. Harris, Mazerolle and Knight (2009) suggest that rape can be explained by the general theory of crime. Rapists are versatile criminals who engage in many different types of crime over time; sexual offending reflects only one manifestation of an underlying antisocial condition (Gottfredson & Hirschi, 1990).

Types of Rapists

The majority of traditional rapist typologies have focused on the relationship to the victim, degree of aggression, motivation, sexual versus nonsexual nature of the assault and degree of control (impulsive vs. planned). Like child sexual abusers, rapists are often classified by their relationship to the victim (i.e., stranger vs. acquaintance). Seventy-three percent of rapists know their victims (Bureau of Justice Statistics, 2012). Acquaintance rapists are characterized as coercive, less violent and less opportunistic than stranger rapists (Bruinsma, 1995). In contrast, stranger rapists are more hostile and use more expressive violence (i.e., inflicting pain or injury as the goal itself) toward women (Polaschek, Ward & Hudson, 1997).

Rapists have been shown to resemble violent offenders or criminals in general. Acquaintance rapists are less violent and opportunistic than stranger rapists, who are more hostile and use expressive violence.

Rapists have also been classified based upon motivational characteristics. Groth (1979) created a typology based upon the degree of aggression, the underlying motivation of the offender and the existence of other antisocial behaviors, which resulted in four types of rapists. The power-reassurance or sexual-aim rapist is characterized by feelings of inadequacy and poor social skills and does not inflict injury upon his victims (National Center for Women and Policing, 2001). The violence used by the power-reassurance rapist is only sufficient to achieve the compliance of the victim or to complete the sexual act. Such an individual may perceive that the victim has shown a sexual interest in him, or that by the use of force the victim will grow to like him (Craissati, 2005). The power-assertive or antisocial rapist is impulsive, uses aggressive methods of control and abuses substances. His sexual assaults are often unplanned and he is unlikely to use a weapon (Groth, 1979). The third type of rapist is the anger-retaliation or aggressive-aim rapist, who is motivated by power and aggression. This individual sexually assaults for retaliatory reasons and often degrades or humiliates the victim.

The fourth type is the sadistic rapist, who reenacts sexual fantasies involving torture or pain. Sexual sadism is defined as the repeated practice of cruel sexual behavior that is combined with fantasy and characterized by a desire to control the victim (MacCulloch et al., 1983). This type is characterized by extensive planning and may often result in sexual murder (Groth, 1979). Although it has been reported in only 5 percent of rapists (see Craissati, 2005, for a review), sexual sadism has consistently been shown as a strong predictor of both sexual and violent recidivism (Hanson & Morton-Bourgon, 2005).

Characterized by Groth's (1979) anger-retaliation rapist, Ramirez, Jeglic and Calkins (2015) examined the relationship between pervasive anger and the use of physical and verbal aggression (including use of a weapon) during a sexual offense. Additionally, the study compared child sexual abusers and rapists with respect to levels of expressive anger and use of violence during the commission of the crime. Records of 571 offenders were reviewed and coded to assess anger (using a pervasive anger measure) and violence used during the sexual

offense. Findings indicated rapists were rated as exhibiting more expressive anger than child sexual abusers. Regardless of victim type, sexual offenders who used violence (physical and verbal, but not a weapon) during the sexual offense were evaluated as angrier than those who did not use violence. Taken together, findings provide support for Groth's conceptualization of the third type of rapist.

Although inherently useful for research purposes, these traditional rapist typologies demonstrate little clinical utility because they exclude the irrational cognitions (i.e., offense-supportive beliefs) displayed by most men who commit rape (Hudson & Ward, 1997).

Female Sexual Offenders

Differences between male and female sexual offenders are identified in the literature. In contrast to male sexual offenders, female offenders are more likely to sexually assault males and strangers (Allen, 1991; Vandiver, 2006). Female sexual offenders report different offense-supportive cognitions than males. Specifically, their beliefs are gender-specific; they perceive female abuse as less harmful, men control women and their partner's needs are paramount (Gannon, Hoare, Rose & Parrett, 2010). Studies have also shown that female sexual offenders are less likely than male sexual offenders to sexually reoffend (Freeman & Sandler, 2008). For example, Cortoni and Hanson (2005) found a female sexual recidivism rate of 1 percent over a five-year average follow-up period with a sample of 380 females.

Yet the most evident distinction between male and female offenders is that female offenders are more likely to sexually assault with another person or group (i.e., co-offenders). In a sample of 227 female sexual offenders, Vandiver (2006) found that 46 percent offended with another person and the majority of these co-perpetrators were male (71 percent), 62 percent offended with one individual and 38 percent offended within a group. Studies have differentiated female co-offending according to whether the female participated in an active or passive role (Grayston & De Luca, 1999; Nathan & Ward, 2002). Females who take an active role in the abuse engage in direct sexual contact with the victim. Females who participate passively do not engage in direct sexual contact; instead, these women may observe the abuse but not intervene, procure victims for others to sexually assault or expose children to pornography or sexual interaction (Grayston & De Luca, 1999).

Typologies of female offenders include the co-offender and the teacher lover/heterosexual nurturer.

Recently, more extensive typologies of female sexual offending have been developed to summarize these female offense characteristics (Matthews, Mathews & Speltz, 1991; Nathan & Ward, 2002; Vandiver & Kercher, 2004). Most of the typologies differentiate female offenders based on the presence of a co-offender, the age of the victim and the motivation for the offense.

Compared to females who abuse alone, females who co-offend are more likely to abuse females and familial victims, to commit multiple sexual offenses (Wijkman, Bijeveld & Hendriks, 2011) and are more likely to be arrested for a nonsexual offense (Vandiver, 2006). Females who abuse alone are more likely to abuse unrelated males and to be diagnosed with a mood disorder (Muskens, Bogaerts, van Casteren & Labrijn, 2011; Vandiver, 2006). Gillespie and colleagues (2014) found a greater prevalence of sexual dissatisfaction, substance abuse, depression, denial and involvement with known offenders among co-offending females. Prior to the offense, female offenders who sexually abuse alone exhibited a greater need for power or dominance, need for intimacy, negative mood state, extensive offense planning and abusive fantasies.

Females who co-offend with a male (i.e., accompanied abusers) have been described as emotionally dependent, socially isolated and displaying low self-esteem (Matthews, Mathews & Speltz, 1991; Muskens et al., 2011; Nathan & Ward, 2002). These individuals are further differentiated based on the use of coercion by the accomplice. Female offenders coerced into sexual offending are motivated by fear and dependence upon the co-offender (Matthews, Mathews & Speltz, 1991; Muskens et al., 2011). Although they initially perpetrate under duress, some later initiate the abuse on their own (Saradjian & Hanks, 1996). These females have been shown to report a history of childhood sexual and physical abuse. Female offenders who accompany a male co-offender and take an active role in the abuse have been shown to be motivated by jealousy and anger and often offend in retaliation (Nathan & Ward, 2002).

Female offenders who sexually abuse alone (i.e., self-initiated abusers) are differentiated based upon age of the victim and motivation for the offense (Nathan & Ward, 2002). One typology, the teacher lover/heterosexual nurturer, describes female offenders who sexually abuse adolescent boys within the context of an acquaintance or position-of-trust relationship (Matthews, Mathews & Speltz, 1991; Vandiver & Kercher, 2004). These females exhibit dependency needs and often abuse substances. They are less likely to report severe child maltreatment; instead, their sexual abuse behaviors often result from a dysfunctional adult relationship and attachment deficits. Female offenders within this category attempt to meet intimacy and/or sexual needs through sexual offending.

Self-initiated female offenders who sexually assault prepubescent children, also referred to as predisposed offenders, have been shown to display significant psychopathologies (Matthews, Mathews & Speltz, 1991). They are more likely than other female offenders to display symptoms of post-traumatic stress disorder (a serious psychological condition that occurs as a result of experiencing a traumatic event) (Foa, Keane & Friedman, 2000) and depression. These female offenders report extensive physical and sexual abuse by caregivers. Researchers contend that they are often motivated by power (i.e., to reenact their childhood trauma, this time as the aggressor) and sexual arousal.

Recently, additional typologies have been added to describe female offenders who sexually assault adult or postpubescent females (Vandiver & Kercher, 2004). Female offenders who engage in the exploitation or forced prostitution of other females have been reported to be motivated by financial gain and have higher number of arrests for nonsexual crimes. Cortoni, Sandler and Freeman (2014) found females convicted of promoting prostitution of a minor tend to be younger at age of first conviction, have a greater history of incarceration and exhibit general criminality (e.g., noncompliance with supervision, antisocial personality) than traditional female sexual offenders. Female offenders who themselves sexually assault other female adults often offend within an intimate relationship as a form of domestic violence (i.e., aggressive homosexual offenders). They are motivated to assault out of anger, retaliation and jealousy.

Although these female typologies are useful to describe offense characteristics, they (like the male typologies) do not provide a theoretical framework for the etiology of sexual offending (Logan, 2008). (For a discussion of the "Etiology of Adult Sexual Offending," see Chapter 2 in the Adult section.) To reduce the incidence and prevalence of sexual violence in the future, there remains a need for etiological research to provide an empirical basis for treatment interventions for female offenders.

To reduce the incidence and prevalence of sexual violence in the future, there remains a need for etiological research to provide an empirical basis for treatment interventions.

Internet Offenders

The widespread availability of pornography on the internet has facilitated the development and maintenance of sexual deviance (Delmonico & Griffin, 2008; Quayle, 2008). The internet has been used as a vehicle for child sexual abuse in at least three ways: viewing pornographic images of children, sharing pornographic images of children and luring or procuring child victims online (Robertiello & Terry, 2007). Individuals download pornographic pictures of children to aid arousal and masturbation, as a collecting activity, as a way of facilitating social relationships and as a substitute for child sexual contact (Quayle & Taylor, 2003).

In comparison to child sexual abusers, internet child pornography offenders reported more psychological difficulties in adulthood and fewer sexual convictions (Webb, Craissati & Keen, 2007). In this study of 90 internet offenders and 120 child sexual abusers (Webb, Craissati & Keen, 2007), internet offenders were more likely to succeed in the community (4 percent characterized as failures) and less likely to engage in sexually risky behaviors (14 percent) as compared to child abusers (29 percent and 26 percent, respectively). Formal failure was defined by reconviction, violation and return to prison. With respect to demographics, the majority of offenders are male, younger than other sexual offenders and likely to be of white European descent (Webb, Craissati & Keen, 2007; Quayle, 2008; Seto, Hanson & Babchishin, 2011; Wolak, Finkelhor & Mitchell, 2012). In a recent meta-analysis, Seto, Hanson and Babchishin (2011) reported that in a sample of 2,630 online offenders, 4.6 percent recidivated sexually after an average follow-up period of four years. Likewise, of 983 online offenders, 4.2 percent recidivated with a violent offense. With respect to risk factors, Seto and Elke (2008) reviewed Canadian police files of 282 child pornography offenders to examine sexual contact and predictors of recidivism; 10.3 percent of the sample sexually recidivated and 6.6 percent violently recidivated. Researchers reported substance abuse and criminal history predicted future contact sexual offenses; self-reported sexual interest in children, criminal history and substance use problems predicted future violent offending among child pornography offenders.

Internet offender typologies: impulsivity/ curiosity, fueling sexual interests, accessing victims/disseminating images, seeking financial gain.

Several typologies have been created to categorize internet offenders. In their review of internet offenders, Beech and colleagues (2008) summarized these typologies into four groups. The first group consists of individuals who access pornographic images impulsively and/or out of curiosity. This group includes those who never exhibited sexual problems until they began using the internet (Delmonico & Griffin, 2008). The second group is composed of individuals who access or trade pornography to fuel their sexual interest in children (Beech et al., 2008). For these individuals, the internet facilitates an extension of an already-existing pattern of sexual deviance (Delmonico & Griffin, 2008). The third group consists of sexual offenders who use the internet as part of a pattern of offline contact offending, including those who use it to acquire victims and/or disseminate images that they produce (Beech et al., 2008; Delmonico & Griffin, 2008). The fourth group consists of individuals who download pornographic images for nonsexual reasons (e.g., financial gain). To date, studies have not examined the personality characteristics, criminogenic needs or risk factors of these offenders. In addition, it is not known if these offenders are pedophiles and whether they view pornographic images more than the general population (Quayle, 2004).

A recent qualitative typology was proposed by Tener, Wolak and Finkelhor (2015), identifying four types of internet offenders who use online communications to commit sex crimes against minors. The typology

was derived from 75 case narratives described by law enforcement of offenders who met victims online or knew them and used the internet for communication. Data analysis identified four dimensions of offense characteristics: patterns of online communication, online identities, nature of the relationship and levels of expertise (number of victims, child pornography involvement, sophistication of strategies and awareness of criminality) (Tener et al., 2015). The dimensions were summarized into four internet offender types on a continuum of level of crime expertise (high to low).

The highest level of crime expertise, the *experts*, consists of sophisticated offenders who systematically procure victims. The experts utilize extensive planning, manipulation and techniques to procure victims. Likewise, they have the ability to use more than one strategy to achieve their goal of sex, for which they spend an extensive time refining. Expert offenders typically meet their victim(s) online and strategically manipulate them into a sexual relationship using a false identity. They sexually assault multiple victims (often hundreds) without emotional attachment; the expert type may offend alone or collaborate with others to acquire victims and/or to share porn. Indeed, pornography use (including production) is prevalent among this type. Expert offenders have explicit awareness of the criminality and use extreme methods to prevent detection. Thirty-two percent of the cases were classified as the experts.

Contrary to the experts, *cynical* offenders know their victims or, if they meet online, they fabricate or present true identities. Regardless, the online relationship usually progresses into physical meetings. Cynical offenders have less knowledge of offending, fewer skills, fewer victims (one typically) and spend less time manipulating than the expert offenders. In addition, their victim selection is based solely upon personal preference. Like expert offenders, sex is the goal and cynical offenders are not emotionally involved with the victim, are aware they are committing a sex crime and use pornography but the involvement is less extensive (Tener et al., 2015). The cynical type comprised 35 percent of the cases.

Unlike expert and cynical offenders, *attention-focused* offenders meet victims online with the intention of developing a genuine relationship. As a result, they develop feelings for and become emotionally involved with a minor. Contrary to the other types, the attention-focus offender does not use manipulation. The offender and the victim are mutually interested in a sexual relationship, which may or may not include an awareness of the victim's age (actual) and the criminality of the relationship. If the age is unknown and later revealed, attention-focused offenders often continue with the relationship, even if it remains online only. Pornography is seldom involved in these cases. Twenty-one percent of cases were identified as attention-focused.

The *sex-focused* type of offender has the lowest level of crime expertise. The online communication in these cases originates on sex-oriented internet sites to arrange a physical, sexual encounter (Tener et al., 2015). Initially, the sex-focused type is not seeking sex with minors; instead, they are looking for immediate sexual interaction with adults. As such, no grooming or manipulation is involved; there is no planning; they present true identities; and the relationship is intentionally brief. Frequently, the sex-focused type inadvertently meets a minor online posing as an adult; they continue the sexual encounter after the victim's age is revealed. From the beginning of the encounter, both parties are interested in immediate sexual gratification without emotional attachment. Tener and colleagues (2015) conceptualize this relationship as *exchanges or deals*. Twelve percent of cases were categorized as sex-focused.

All of the 75 cases were considered sex crimes and resulted in arrests. Differences among the types of offenders who procure victims online are useful for understanding the heterogeneity of internet sexual offending for need-based intervention (Tener et al., 2015).

For more on "Internet-Facilitated Sexual Offending," see Chapter 4 in the Adult section.

Limitations of Traditional Typologies: Crossover Offending

Traditional typologies rely on an official record and/or self-report data. Over 25 years of research (including victim and offender studies) have shown that only 1–3 percent of offenders' self-admitted sexual offenses are identified in official records (Abel et al., 1988; English et al., 2003; Heil, Ahlmeyer & Simons, 2003; Tjaden & Thoennes, 2006). These studies reported a "crossover effect" of sex offenders admitting to multiple victims and offenses atypical of criminal classification. Specifically, studies (e.g., Abel et al., 1988; English et al., 2000; Heil, Ahlmeyer & Simons, 2003; O'Connell, 1998) have shown that rapists often sexually assault children and incest offenders often sexually assault children both within and outside their family. These findings are consistent among populations (e.g., community, prison, parole, probation) and methodologies (e.g., guaranteed confidentiality, polygraph testing). This section reviews the evidence of crossover offending, which challenges the validity of traditional sex offender typologies (those that are based on a known victim type).

Crossover offending presents significant challenges to traditional sex offender typologies.

Despite differences in location and supervision status of offenders, crossover offending has been reported in studies using guaranteed confidentiality, anonymous survey or treatment with polygraphy⁴ (Abel et al., 1988; Emerick & Dutton, 1993; English et al., 2003; Heil, Ahlmeyer & Simons, 2003; O'Connell, 1998; Simons, Heil & English, 2004; Weinrott & Saylor, 1991; Wilcox et al., 2005). The findings indicate that offenders, on average, admit significantly more victims and offenses than are documented in official records. Using official record databases containing 1,345 incarcerated sexual offenders, Cann et al. (2007) found only 8 percent of offenders had assaulted both adults and children, 9 percent victimized males and females and 14 percent of incest offenders sexually abused children not related to them. Cann et al. (2007) attributed the low prevalence of crossover to the use of official records. Using polygraph testing combined with treatment, Heil, Ahlmeyer and Simons (2003) examined offense patterns of 223 incarcerated and 266 paroled sex offenders. This study found that the average number of victims reported in official records (two for incarcerated offenders and one for paroled offenders) increased to 18 and three, respectively, after polygraph testing. The average number of offenses reported in official records increased from 12 for incarcerated offenders and three for paroled offenders to 137 and 14 respectively, after polygraph testing.

These studies have also demonstrated that male sexual offenders engage in crossover sexual offending at higher rates than reported in other studies (e.g., Guay et al., 2001; Marshall, Barbaree & Eccles, 1991; Smallbone & Wortley, 2004). Age crossover (i.e., victimizing both children and adults) ranged from 29 to 73 percent (Simons, Heil & English, 2004; Wilcox et al., 2005). Of further interest is the high percentage of official record-identified rapists who admit child sexual victimization. Studies have reported prevalence rates from 32 to as high as 64 percent; the majority of studies found rates in the range of 50 to 60 percent (Abel & Osborn, 1992; English et al., 2000; Heil, Ahlmeyer & Simons, 2003; O'Connell, 1998; Wilcox et al., 2005). With respect to gender crossover (i.e., victimizing both males and females), findings have been relatively consistent and range from 20 to 43 percent (Abel & Osborn, 1992; Elliott, Browne & Kilcoyne, 1995; English et al., 2000; Heil, Ahlmeyer & Simons, 2003). The majority of offenders who assault males have also assaulted females (63–92 percent), but not the reverse (23–37 percent). With respect to relationship crossover, studies have shown that 64–66 percent of incest offenders report sexually assaulting children who they were not related to (Abel and Osborn, 1992; English et al., 2000; Heil, Ahlmeyer & Simons, 2003).

Recent studies have found similar rates of crossover (referred to as polymorphism) using official records coupled with treatment and assessment files. Using a combination of official record and treatment files, Stephens et al. (2016) found 41 percent of 751 adult male sexual offenders did not exhibit stability in victim

type (i.e., polymorphism). The most common type of polymorphism consisted of age (35 percent); 13 percent of offenders were gender polymorphic and 11 percent were relationship polymorphic. In addition, polymorphic offenders had a greater number of sexual assault victims. Although Stephens et al., found age and relationship crossover was associated with higher rates of sexual recidivism, the relationship was no longer significant after controlling for the number of victims.

Sims and Proeve (2010) studied the prevalence and patterns of offending against more than one victim type and its relationship to risk of sexual recidivism. To avoid underestimation of sexual offending using official records, a victim was counted if there was a conviction, charge or arrest and the sample included only sexual offenders against children and adolescents with more than one victim. The prevalence rate for 128 sexual offenders who crossed over into at least one domain (i.e., age, gender, relationship) was 63 percent, a rate comparable to studies using guaranteed confidentiality, anonymous survey or treatment with polygraphy. In this study, 48 percent of sexual offenders reported adult and child victims, 22 percent sexually offended against both genders and 26 percent crossed over into the relationship domain. Sexual offenders who victimized both adult and child victims and crossed over in the relationship domain had more victims than those who did not crossover. Crossover was not associated with sexual recidivism rate or frequency of offending. With respect to victim type stability over time, repeat offending was not stable in the age domain; offenders with victims 5 years old or younger show the least stability (i.e., more likely to assault victims from different age categories). Offenders showed the most stability in the gender domain particularly whose index victim was female.

Studies have also shown the rates of age crossover are higher when adolescents are included as a distinct age category (vs. adults and children) (Kleban et al., 2013). In their examination of crossover offending, Kleban et al. (2013) compared three age categories: adolescent victims' ages ranged from 13 to 17 years old, child victims consisted of those under age 13 and adults were 18 years and older. Using archival records of 789 incarcerated offenders, this study examined the prevalence of crossover offending from three victim categories across three domains (age, gender and relationship). Kleban et al. (2013) also examined risk variables to determine which characteristics differentiate crossover offenders from offenders who have a stable offense history. Results indicated 35 percent of offenders had multiple victims at index offense and 26 percent of offenders were convicted of a previous sex crime. Of those with multiple victims at index crime, 13 percent sexually assaulted both genders; 14 percent had a conviction that included a combination of child, adult and adolescent victims; 13 percent had assaulted victims from multiple relationship categories. Of the repeated offenders, 21 percent offended against victims of both genders; 40 percent victimized a combination of adults, adolescents and children; and 48 percent assaulted victims from multiple relationships. Kleban et al. collapsed child and adolescent categories and found only 9 percent of offenders had victims from both age categories. When adolescents were excluded completely, only 5 percent of offenders crossed over from child to adult victim, which suggests examining crossover offending using broad categories of adult and child results in an underestimation of age crossover. Likewise, offenders were more likely to offend against adolescents and children rather than adults and children, suggesting victims should be classified according to developmental characteristics not age. These findings illustrate the importance of a comprehensive history for treatment and management decisions.

Among female sexual offenders, Heil, Simons and Burton (2010) reported similar findings with respect to offense patterns. Using polygraph testing, Simons and colleagues (2008) examined the offense patterns of incarcerated female sex offenders and female sex offenders who had been released in the community. The sample consisted of 74 incarcerated adult female sexual offenders and 22 female sexual offenders in the community who were under supervision at the Colorado Department of Corrections. All participants received cognitive-behavioral treatment. Offense patterns disclosed during treatment with polygraph testing revealed similar findings to those of male offenders. Female sexual offenders reported more extensive offense patterns (i.e., number of victims and offenses, crossover offending) than otherwise indicated by their criminal history.

Simons and colleagues (2008) demonstrated that the average number of victims — reported in official records as one for both incarcerated offenders and offenders in the community — increased to four and three, respectively, after polygraph testing. The average number of offenses increased from 33 for incarcerated offenders and five for offenders in the community to 44 and 13, respectively. In comparison to female sexual offenders in the community, incarcerated female sexual offenders reported significantly more offenses, but these groups were comparable in the number of victims. After polygraph testing, 21 percent of incarcerated females and 11 percent of female offenders in the community reported age crossover (i.e., offending against children and adults). Both incarcerated offenders (30 percent) and those in the community (21 percent) disclosed relationship crossover (i.e., offending against individuals from more than one relationship). This study indicates that female sexual offense patterns may be less extensive than those of male sexual offenders. Nonetheless, this research indicates that female offenders report poor sexual boundaries regarding illegal behaviors and they also disclose legal, but sexually problematic, behaviors. In addition, female offenders were more likely to co-offend than male offenders. Based on polygraph testing, these co-offenses were seldom coercive and the majority of women sexually assaulted alone either before or after the co-offense.

Polygraph testing has also recently been used to distinguish internet offenders who commit “hands-on” child sexual assault from those who do not attempt physical sexual contact. Some internet sex offenders do not attempt physical contact or engage in hands-on sexual offending (e.g., Surjadi et al., 2010; Quayle & Taylor, 2003; Webb, Craissati & Keen, 2007). This classification is important because those individuals who view or download child abuse images but do not have inappropriate contact with children may not pose a direct threat. A recent meta-analysis examined the prevalence of child sexual abuse among internet offenders. Seto, Hanson and Babchishin (2011) reviewed 24 studies and found that 12.5 percent of internet offenders engaged in contact sexual offending as indicated by official records; however, this rate increased to approximately 50 percent using self-report. In this meta-analysis, only one study used polygraph testing to verify the self-report. Bourke and Hernandez (2009) demonstrated significant increases in the number of previously undisclosed victims, offenses and paraphilic interests when self-report is corroborated through polygraph examination. Using polygraph testing, these researchers examined the prevalence of hands-on sexual offending among 155 internet child pornography offenders. Prior to testing, 74 percent ($n = 115$) of the internet offenders had no known sexual contact with children. After polygraph examination, 85 percent of 155 ($n = 132$) offenders disclosed hands-on sexual abuse. These findings suggest that crossover to hands-on offending may be more prevalent among internet offenders and further support the use of the polygraph to classify offenders. However, additional research is needed in this area due to the limitations of this study. The sample consisted of volunteers and the majority reported hands-on offenses prior to internet pornography use. Future research should differentiate between those who view pornography and later commit sexual abuse from those who use pornography as a supplement to or a substitute for sexual contact. (For more on “Internet-Facilitated Sexual Offending,” see Chapter 4 in the Adult section.)

Taken together, crossover findings suggest that traditional typologies based on victim type may not be useful to allocate resources, evaluate risk or devise individualized treatment interventions. Although crossover findings have been reported in numerous studies using different methodologies, some suggest that the prevalence of age crossover or multiple paraphilias is overstated, particularly in studies that use polygraph testing. Kokish, Levenson and Blasingame (2005) report that 5 percent of individuals stated that they provided false admissions in response to a deceptive result on a polygraph exam. In addition, Marshall (2007) contends that very few sexual offenders commit more than one type of offense.

Accurate self-reporting of victim and offense information remains critical for risk assessment. For example, risk assessment instruments are derived from research demonstrating intrafamilial child sexual abusers present a lower risk of reoffense than extrafamilial offenders (Hanson & Bussiere, 1998); as such, incest offenders are more likely to be assigned as lower risk, consequently receiving less treatment services and supervision. Indeed, crossover research suggests legislative decisions based upon index crime may underestimate an offender’s

risk level (Kleban et al., 2013). However, the relationship between crossover offending and recidivism are not conclusive. Cann et al. (2007) found crossover offenders scored higher on risk assessment than offenders reporting one victim type; yet Kleban et al. (2013) failed to find a relationship between crossover and sexual recidivism risk. Studies are more likely to find a relationship if age crossover is examined. Harris, Knight, Smallbone and Dennison (2011) found crossover offenders were more likely to sexually recidivate compared to offenders who assault children only; offenders whose victims are adults and incest offenders. In this study, crossover offenders violently recidivated comparably to offenders who assault adults exclusively. After a 15-year follow-up, Parent, Guay and Knight (2011) found offenders who assaulted children and adults (43 percent) reoffended more frequently and sooner than child sexual abusers (3 percent) and rapists (19 percent). Findings from a study conducted by Stephens et al. (2016) indicate number of victims explains the relationship between age crossover and sexual recidivism.

According to Gannon, Beech and Ward (2008), when offense crossover is disclosed, assigned risk level increases because child sexual abuse of males (i.e., gender crossover), impulsivity and regulation deficits (as suggested by age crossover), and stranger victims (i.e., relationship crossover) are shown to be significantly associated with sexual recidivism (Hanson & Morton-Bourgon, 2004; Stephens et al., 2016). Likewise, Levenson, Becker and Morin (2008) emphasize the importance of understanding crossover offending patterns to enhance safety planning for the offenders and the community. To address the issue of heterogeneity and crossover offending with respect to offender typologies, researchers (e.g., Robertiello & Terry, 2007) have suggested that the best way to regard typologies is as a continuum rather than discrete categorizations, and they emphasize the importance of classifying offenders based on offense characteristics that have been shown to be related to recidivism.

Recent Advances in the Development of Sexual Offense Patterns

Recent models of the sexual offense process have been devised to include etiological theories of sexual offending and treatment-relevant factors. Assessment, classification and treatment should be formulated from rehabilitation theories, which are integrative practice frameworks that contain elements of etiology, ethics and research (Ward, Yates & Willis, 2011). They are based on clusters of behaviors and psychological processes to account for the heterogeneity of offending. The heterogeneity of traits, experiences and criminal history of sexual offenders requires more advanced methods of categorizing offense behaviors (Martinez-Catena et al., 2016). The most promising are the developmental pathways of sexual offending model, the self-regulation model and the specialist vs. generalist model. These models take into account problematic behaviors, distorted thought processes and offense histories. Developmental factors have been shown to be predictive of high-risk sexual behaviors, treatment failure, and dynamic risk (Craissati & Beech, 2006), and the self-regulation model has been shown to be associated with static and dynamic risk for reoffense (Yates & Kingston, 2006; Simons et al., 2009). The generalist theory of crime (Gottfredson & Hirshi, 1990) has also been examined in sexual offender research (e.g., Lussier, Proulx & LeBlanc, 2005). **Similar to crossover findings, studies have shown that few sexual offenders “specialize” in sexual offending** (Harris, Mazerolle & Knight, 2009; Lussier, Proulx & LeBlanc, 2005). Specialization has been associated with child sexual abusers who sexually prefer children, while rape has been associated with criminal versatility (Harris, Mazerolle & Knight, 2009). This section reviews models that may ultimately replace traditional typologies to inform treatment and management of sexual offenders. (For more on “Sex Offender Management Strategies,” see Chapter 8 in the Adult section.)

The interaction of biological and social learning factors influences the development of sexual offending.

Developmental Histories of Sexual Offenders

Due to advanced statistical methods that evaluate the unique and combined contributions of risk factors, more comprehensive descriptions of the psychological processes, developmental histories and offense patterns have been devised to explain sexual deviance. Although they are not described as typologies, they have been shown to be related to different trajectories of offending and they are able to identify criminogenic needs, which have been shown to be predictive of sexual recidivism (Craissati & Beech, 2006; Martinez-Catena et al., 2016).

Etiological research has suggested that it is the interaction of biological and social learning factors that influences the development of sexual offending behaviors (Ward & Beech, 2008). Researchers explain that genetic factors may predispose an individual to pursue a specific human need (e.g., sex or intimacy), but it is the environmental experiences that provide the methods through which these needs are met — either appropriately through the development of relationships or inappropriately through the use of violence (Ward & Beech, 2008). Negative developmental experiences figure prominently in many models of sexual offending behavior.

In a recent study of 614 incarcerated sexual offenders, childhood emotional abuse and neglect predicted sexual victimization and later sexual offending behavior (Jennings, Zgoba, Maschi & Reingle, 2014). In comparison to the general population, incarcerated sexual offenders were more than three times as likely to report sexual abuse during childhood, two times as likely to experience physical abuse, 13 times as likely to experience emotional abuse and more than four times as likely to experience neglect (Levenson, Willis & Prescott, 2016). These individuals were found to be at increased risk for substance abuse and for criminal diversity (Levenson & Socia, 2015).

Indeed, a recent meta-analysis has confirmed the association between the experience of sexual abuse and subsequent sexual offending against children (Jespersen, Lalumiere & Seto, 2009). Yet, not all sexual offenders report being sexually victimized during childhood. Research findings indicate that there may not be only one type of abuse that serves as a developmental risk factor for later sexual offending. Instead, multiple types of abusive experiences, or a pathological family environment, may precede offending behaviors (Dube et al., 2001). **Researchers have also suggested that different types of maltreatment may be associated with different types of sexual offending behaviors** (e.g., Lee et al., 2002; Simons, Wurtele & Heil, 2002). This section reviews the current research findings that compare the developmental risk factors of various offender characteristics.

Child Sexual Abusers

Researchers have found that child sexual abusers exhibited heightened sexuality in childhood. Meta-analysis results indicate that juveniles who commit sexual offenses were more likely than nonsex offenders to have been exposed to sexual violence, sexual abuse, emotional abuse and neglect (Jespersen, Lalumiere & Seto, 2009). Within the adult sex offender population, Simons, Wurtele and Durham (2004) found that child sexual abusers, as compared to rapists, reported more experiences of child sexual abuse, early exposure to pornography, sexual activities with animals and an earlier onset of masturbation.

Rapists

In contrast, the childhood histories of rapists appear more indicative of violence. Simons, Wurtele and Durham (2004) found that rapists, when compared to child sexual abusers, reported more frequent experiences of physical abuse, parental violence, emotional abuse and cruelty to animals. Researchers contend that physical abuse, parental violence and emotional abuse result in externalizing behaviors only when they are considered in combination (Lee et al., 2002; McGee, Wolfe & Wilson, 1997). As an illustration, Beauregard, Lussier and Proulx (2004) found that physical and verbal abuse during childhood led to antisocial behavior and callous personality traits, both of which led to aggressive sexual fantasies. Likewise, Salter and colleagues (2003)

indicate that the combination of physical violence, domestic violence, emotional abuse and neglect predicted subsequent sexual offending. In a prospective study of childhood abuse histories, Widom and Massey (2014) reported individuals who experienced physical abuse and neglect (but not sexual abuse) were at significantly increased risk for arrest for sexual offenses in comparison to those who did not experience abuse. Researchers (e.g., Craissati, McClurg & Browne, 2002a) explain that an individual who has been raised in an emotionally impoverished environment is often unable to identify his emotions in an accurate manner and, as a result, is likely to become confused when confronted with emotionally charged situations. These individuals often react to confusing situations with overt aggression.

Rapists, when compared to child sexual abusers, reported more frequent experiences of physical abuse, parental violence and emotional abuse.

Crossover Offenders

In studies that examined the developmental risk factors of crossover offenders or indiscriminate offenders (e.g., Heil & Simons, 2008; Simons, Tyler & Heil, 2005), findings indicate that indiscriminate offenders report childhood histories of both violence and heightened sexuality. Indiscriminate offenders, also known as mixed offenders, report sexually abusing both adults and children equivalently. With respect to heightened sexuality, Simons, Tyler and Heil (2005) found that indiscriminate offenders were less likely than child sexual abusers to be sexually abused, but they were more likely to report early sexual experiences with peers (before age 10), to have witnessed sexual abuse as a child, and to have had more frequent exposure to pornography before age 10. Similar to child sexual abusers (i.e., 62 percent), 58 percent of indiscriminate offenders reported an early onset (before age 11) and high frequency of masturbation. A great majority of indiscriminate offenders (81 percent) disclosed engaging in bestiality during childhood in comparison to fewer child sexual abusers (59 percent) and rapists (30 percent). With respect to childhood violence, both indiscriminate offenders and rapists described childhood experiences consistent with physical and emotional abuse. However, indiscriminate offenders were exposed to domestic violence significantly more frequently than rapists. Results indicated that parental violence and bestiality were strong predictors of crossover offending.

Female Sexual Offenders

Similar to indiscriminate offenders (of both genders), the majority of female sexual offenders report both violent and sexualized childhoods (Heil, Simons & Burton, 2010). Of a subsample of 42 female sexual offenders, Simons and colleagues (2008) reported that the majority (81 percent) had been sexually abused by multiple perpetrators at a young age with high frequency. Female offenders masturbated later than male offenders (i.e., during adolescence instead of childhood) and with less frequency, but like male offenders who abuse children, they are more likely to masturbate to their abuse experiences and report masturbation to deviant fantasies during adolescence. Likewise, many female offenders were exposed to pornography before age 10, but early exposure is significantly more prevalent among male sexual offenders. Similar to male offenders, females report engaging in bestiality during adolescence, but the prevalence rates for females are significantly lower than for child sexual abusers and indiscriminate offenders of both genders. Similar to indiscriminate offenders, Simons and colleagues (2008) also found that the majority of female sexual offenders reported physical abuse, emotional abuse and witnessing of domestic violence. Although the frequency of physical abuse among female sexual offenders was less than for males, females were more likely to be abused by both male and female perpetrators. Yet, female sexual offenders were more likely than male offenders to report witnessing violence perpetrated by a female; male rapists and indiscriminate offenders more often witnessed violence by a male perpetrator.

Similar findings were reported among 47 female sexual offenders assessed on a childhood experiences measure by Levenson, Willis and Prescott (2015). Compared to the general population, female sexual offenders had more than three times the odds of being sexually abused; four times the odds of experiencing verbal abuse; and more than three times the odds of neglect and having an incarcerated family member. Female sexual offenders experienced multiple adverse childhood experiences consisting of sexual abuse, neglect, verbal abuse and substance abuse in the home, which was associated with having younger victims. These findings emphasize the importance of trauma-informed care with female sexual offenders.

Attachment

In addition to childhood abuse, the majority of sexual offenders (93 percent) exhibited insecure attachment (Marsa et al., 2004). According to researchers, childhood adversities may result in the failure to establish secure attachment bonds to parents (Cicchetti & Lynch, 1995). Marshall (1993) contends that the failure of sex offenders to develop secure attachment bonds in childhood results in their failure to develop sufficient social skills and self-esteem necessary to achieve intimacy with adults. Recent models of sexual deviance suggest that poor parental bonding enhances the effects of child maltreatment and may subsequently initiate the processes that lead to sexual offending by creating vulnerability in the child (Marshall & Marshall, 2000), a lack of empathy for others (Crassati, McClurg & Browne, 2002b), or intimacy deficits (Ward et al., 1995).

Poor parental bonding enhances the effects of child maltreatment and may contribute to sexual offending by creating vulnerability, a lack of empathy and intimacy deficits.

Early attachment research recognized four patterns of attachment: secure attachments that develop when caregivers are consistently responsive to their child's needs; insecure-ambivalent (anxious) attachments that develop when caregivers respond inconsistently to the needs of their child; insecure-avoidant attachments that develop when caregivers are consistently unresponsive to their child's needs; and insecure-disorganized attachment, a category established to describe children who fail to demonstrate a coherent pattern of response to parental separation (Ainsworth & Bowlby, 1991). Recently, attachment style has been associated with different types of offending. Rapists have been shown to exhibit avoidant parental attachments, whereas child sexual abusers display anxious or ambivalent attachment (Simons & Tyler, 2010; Simons, Wurtele & Durham, 2008; Ward et al., 1995). Studies have found that indiscriminate and female offenders were more likely to exhibit disorganized attachment (Simons, Tyler & Heil, 2005; Simons, Wurtele & Durham, 2008).

Maniglio (2012) summarized the influence of attachment on sexual offending behavior. A sexual offender's insecure attachment style during childhood affects the development of social skills and self-confidence, which in turn, prevents initiation or maintenance of intimate relationships during adulthood. Instead, sexual offenders may use deviant sexual fantasies as a means to achieve intimacy, power and control, absent of reality. Maniglio (2012) explains deviant fantasy as a means to achieve intimacy or autonomy creates a disposition to sexually offend. Likewise, in their recent meta-analysis comparing intrafamilial to extrafamilial offenders, Seto et al. (2015) found that family abuse and poor attachment played an important role in the etiology of intrafamilial sexual offending. This finding confirms family dysfunction as an important etiological factor in sexual offending.

Etiological Theory

Taken together, these findings support Marshall and Barbaree's (1990) integrated theory of sexual offending, which postulates that individuals who experienced child maltreatment are likely to exhibit distorted internal working models of relationships, which result in poor social skills and emotional self-regulation. The lack of social skills, especially during adolescence, is likely to result in rejection by others, which in turn will decrease self-esteem, increase anger and produce cognitive distortions about peers and relationships. Negative emotions combined with cognitive distortions may increase the intensity of sexual desire and deviant sexual fantasies (e.g., those about children, whom they perceive as less threatening). Masturbation to these fantasies may serve as a coping mechanism from stress, as a means to exert control, and ultimately, as a behavioral rehearsal to sexual offending. These developmental factors interact with disinhibiting factors (e.g., intoxication, stress, negative affect) and the presence of a potential victim to impair an individual's ability to control their behaviors, which in turn may result in a sexual offense. The emotional and psychological reinforcement of the behavior may be approach oriented (i.e., to achieve a goal directly) or avoidant oriented (i.e., to avoid an unpleasant result). The actual sexual offense combined with cognitive distortions serves to maintain sexual offending behaviors.

The assessment of developmental risk factors is important to determine the criminogenic needs of the individual offender; the assessment also contributes to static predicting (Craissati & Beech, 2006). Consistent with Marshall and Barbaree's (1990) integrated theory of sexual offending, bestiality and masturbation to abuse experiences contribute to the development of deviant sexual interest and frequent masturbation suggests problems with emotional self-regulation. Frequent masturbation coupled with frequent pornography use increases the likelihood of sexual compulsivity. Sexualized coping often serves as a means of meeting needs of intimacy and control (Grady, Levenson & Bolder, 2016). Likewise, insecure attachments suggest intimacy deficits, empathy deficits, antisocial lifestyle and social difficulties. Violence in the home has been shown to be predictive of antisocial lifestyle, hostile attitudes toward women, emotional callousness and hostile masculinity (Malamuth et al., 1991), all of which suggest pro-offending attitudes toward rape. In addition to difficulties with self-regulation, a heightened sexual childhood may lead to the development of child sexual abuse-supportive beliefs (e.g., sexual entitlement, sex with a child is beneficial). As summarized by Craissati and Beech (2006), developmental experiences (sexual and violent experiences and insecure attachment) predict dynamic risk that, when combined with static markers (e.g., male victims, single status), increase the likelihood of reoffense.

Self-Regulation Model

Ward and Hudson (1998, 2000) developed a nine-stage model of the sex offense process, which takes into account the heterogeneity of sexual offending. The self-regulation model (SRM) summarizes the offense process by examining situational precipitants (e.g., desire for deviant sex), cognitive distortions (whether entrenched or function to justify the offense), degree of control over behavior (i.e., impulsiveness or extensive planning), evaluation of sexual assault after the offense and attitude with respect to future offending (positive or negative). SRM contends that individuals are goal-directed as sexual abusers and offend to achieve a desired state — either to satisfy or to avoid offending.

This model proposes that four pathways lead to sexual offending. Two pathways characterize offenders who attempt to avoid offending (avoidance oriented) but do not have adequate strategies (i.e., they have either underregulation or misregulation of self-control) to avoid the undesired behavior (the sexual offense). The two remaining pathways characterize individuals who seek to achieve goals associated with sexual offending (approach oriented) and experience positive feelings as a result. These approach-oriented individuals vary with respect to self-regulation; some of them exhibit deficient self-regulation (i.e., impulsivity), whereas others

display intact, effective self-regulation. Thus, the assessment of SRM offense pathways depends on whether the offender attempted to avoid (indirect) or to engage (direct) in the sexual offense, the ability to self-regulate (underregulation, misregulation, effective regulation) and the degree of awareness associated with the sexual offense (implicit or explicit).

The avoidant-passive pathway consists of an offender who attempts to prevent offending (indirect route) but does not have the ability or awareness to prevent the offense (underregulation, implicit awareness). Similarly, the avoidant-active pathway is characterized by the desire to avoid offending (indirect), but the offender uses counterproductive strategies to control deviant thoughts and fantasies (misregulation, explicit awareness). For example, an individual who follows the avoidant-active pathway masturbates to deviant fantasies as an alternative to acting on these fantasies, but this behavior inadvertently increases his/her likelihood to offend. In contrast, the approach-automatic pathway is characterized by the impulsive desire to sexually offend and assault (direct route). Indeed, approach-automatic pathway offenders fail to control their behavior as they respond to situational cues on the basis of well-entrenched cognitive-behavioral scripts that support sexual offending. Individuals on the approach-explicit pathway desire to sexually offend (direct), but they carefully plan their offenses (effective regulation, explicit). Individuals on the approach pathways experience positive emotional states from offending; cognitive dissonance is absent. These offenders do not experience an internal conflict after the offense because they achieved their goal to sexually offend.

Research on SRM supports the validity of the model and its use in classification and treatment. Specifically, SRM pathways have been shown to differentiate offense characteristics and static and dynamic risk. With respect to offense pathways, incest offenders have been shown to follow the avoidant-passive pathway (Bickley & Beech, 2002, 2003). Rapists are more likely to follow the approach-automatic pathway because their goal is to offend, but they offend impulsively to situational cues (Yates, Kingston & Hall, 2003). Child sexual abusers who offend against male victims are more likely to follow the approach-explicit pathway (Simons & Tyler, 2010). Their goal is to offend and they carefully plan their offenses by establishing relationships with their victims. The indiscriminate (or crossover) offenders who sexually assault both children and adults of both genders and from multiple relationships are more likely to follow the approach-automatic pathway (Simons, McCullar & Tyler, 2008; Simons & Tyler, 2010).

Specialist vs. Generalist Model

The specialist vs. generalist model is another theory that explains the sexual offense process, taking into account the risk and needs of offenders. Although the implicit assumptions about sexual offenders are that they engage in distinct types of crimes and differ significantly from nonsexual offenders, some sexual offenders have been shown to be more versatile in their criminal behaviors and to share attributes with nonsexual offenders. (Lussier, Proulx & LeBlanc, 2005). According to this model, **sexual offenders may be characterized as specialists who commit sexual crimes persistently or as generalists who do not restrict themselves to one type of crime; they commit different crimes over time** (Lussier, 2005).

One of the assumptions of the traditional explanatory models of sex offending (i.e., the specialist) is that offenders who sexually abuse children engage in sexual offending exclusively. This model has been shown to have a distinct etiology — specifically, a history of childhood sexual abuse (Burton, 2003; Marshall & Marshall, 2000). As previously discussed, developmental studies have demonstrated the association between childhood sexual experiences and sexual abuse of children (Jespersen, Lalumiere & Seto, 2009). Child sexual abusers who are specialists are more likely than generalists to exhibit sexual deviance and sexual preoccupation and to have an emotional congruence with children (Groth, 1979; Harris, Mazerolle & Knight, 2009; Laws & Marshall, 1990).

Similar to rapists, generalist (versatile) offenders resemble violent nonsexual offenders (Craissati, 2005; Langstrom, Sjostedt & Grann, 2004; Simon, 2000). The generalist theory contends that offenders participate in

a broad array of activities that are manifestations of low self-control and impulsivity, such as excessive alcohol use, unprotected sex and reckless driving (Gottfredson & Hirschi, 1990). Hanson (2002) concluded that, in addition to sexual deviance, variables such as low self-control, criminal lifestyle, impulsivity and opportunity are important factors associated with sexual offending. Sexual offenders (the majority of rapists and a subset of child sexual abusers) have demonstrated substance abuse and relationship problems, antisocial behavior in adolescence, employment instability and evidence of psychopathy (Harris, Mazerolle & Knight, 2009; Lussier, Proulx & LeBlanc, 2005).

Lussier, Proulx and LeBlanc (2005) examined whether sexual offending among 388 convicted sexual offenders could be explained by a generalist theory of crime using structural equation modeling. They reported differences among child sexual abusers and rapists and concluded that, similar to traditional typologies, the offense patterns of rapists were versatile and that rapists displayed extensive antisocial tendencies. In contrast, child sexual abusers were more likely than rapists to specialize in sexual offending.

Harris, Mazerolle and Knight (2009) examined 374 male sexual offenders to compare these models of sexual offending. The researchers found that the majority of sexual offenders followed the generalist model. Rapists and child sexual abusers exhibited extensive criminal histories, substance abuse issues, antisocial tendencies and psychosis. In addition, few rapists specialized in sexual crimes. Those who did specialize in sexual crimes were more likely to exhibit characteristics similar to child sexual abusers, such as sexual deviance and sexual preoccupation. As Lussier, Proulx and LeBlanc (2005) found, the specialist model was evident in child sexual abusers. Child sexual abusers assessed as specialists were more likely than nonspecialists to know the victim, exhibit sexual preoccupation and display emotional congruence with children.

Francis, Harris, Wallace, Knight and Soothill (2013) examined the life course of 780 sexual offenders in civil commitment treatment between 1959 and 1984. Specifically, this study investigated distinct trajectories of offending, comparing generalist crime to specialist crime. Results identified four trajectories to sexual offending, which varied according to offense pattern. Differences were found with respect to criminal onset, length of criminal career, age of peak offending and time of entry into treatment. Overall, late onset was associated with child sexual abuse and early onset (younger) was associated with rape. Likewise, findings indicated sexual offending began later than nonsexual offending and three out of four groups exhibited a decrease in frequency with age. Two groups (low-rate and high-rate limited) offended at an earlier age than the other groups (low-rate persistent and high-rate persistent). Low-rate persistent offenders (56 percent of the sample) began offending during late teens and offended less than once per year with the highest point in their 30s. This group was equally as likely to commit rape as child sexual abuse. High-rate limited offenders (24 percent) exhibited an earlier age of onset and offended most frequently (average twice per year) during their late 20s. This group consisted mostly of rapists. This trajectory was consistent with the generalist pattern and the decline in offending occurred during their 50s. The third group or high-rate accelerators (12 percent) began offending during their 20s and their offending increased until mid-40s; this group consisted primarily of child sexual abusers. The fourth group was classified as late onset accelerators (8 percent). They began sexual offending during their late 20s and the offending behaviors increased to its peak during their mid-50s. The majority of these offenders sexually assaulted relatives (i.e., incest offenders). Taken together, findings indicate there are distinct trajectories of offending based upon onset, frequency and persistence.

These findings are consistent with many traditional typologies of rapists and child sexual abusers; however, the results suggest that the generalist vs. specialist model is a better way to assess sexual offenders, regardless of victim type. Future research in this area is needed to further identify factors that characterize specialist offenders from generalist offenders.

Summary

The prevention of sexual violence requires a balance of community safety with effective resource allocation. Current research emphasizes the importance of a comprehensive approach to sex offender typologies, through the assessment of criminogenic needs (dynamic risk) and offense patterns, not based upon the type of victim exclusively (Martinez-Catena et al., 2016). Recent advances in our knowledge of developmental risk factors and offense pathways can assist with risk and need evaluation, but additional research is needed to develop more extensive models to explain sexual deviance. Nonetheless, through a comprehensive understanding of treatment needs and subsequent effective intervention, an offender can attend to the process, learn skills and alternative strategies to sexual violence and, ultimately, strive to live a healthy lifestyle without offending.

Advances in developmental risk factors and offense pathways can assist with risk and need evaluation, but additional research is needed to develop models of sexual deviance.

Notes

1. MTC: CM3 contains two axes that assess psychological issues, abuse behaviors and the degree of sexual fixation. Axis I includes fixation, or the degree of pedophilic interest and the degree of social competence. Axis II includes the amount of contact with the child (low or high), the meaning of high contact (either interpersonal or narcissistic), the level of physical injury for low contact and whether the injuries were sadistic or nonsadistic. Although this typology has been validated in several studies, it has not demonstrated clinical utility with respect to recidivism or treatment (Camilleri & Quinsey, 2008). MTC: R3 includes nine subtypes that differentiate rapists by motivation, impulsivity, criminality and social competence. Rapists are classified as opportunistic (with high or low social competence), pervasively angry, sadistic (overt or muted), sexual nonsadistic (also with high or low social competence) and vindictive (with high or low social competence). Studies have failed to classify rapists according to these nine subtypes without refinement (Barbaree et al., 1994).
2. Hanson and Bussiere (1998) conducted a meta-analysis based on 61 studies for a total sample of 28,972 sexual offenders. (A meta-analysis combines the results of many evaluations into one large study with many subjects.) With respect to sexual recidivism, the total sample consisted of 23,393 sexual offenders (including 1,839 rapists and 9,603 child sexual abusers whose recidivism rates were compared). The recidivism rate for rapists was significantly higher (18.9 percent) in comparison to child sexual abusers (12.7 percent).
3. Note these recidivism measures exceed 100 percent as 27 of the 61 studies included in the meta-analysis included multiple indexes of recidivism.
4. The use of polygraphs is controversial. See the "Polygraph" Section of Chapter 8: "Sex Offender Management Strategies," in the Adult section.

References

- Abel, G.G., Becker, J.V., Cunningham-Rathner, J., Mittelman, M.S. & Rouleau, J.L. (1988). Multiple paraphilic diagnoses among sex offenders. *Bulletin of the American Academy of Psychiatry and the Law*, 16, 153–168.
- Abel, G.G., Becker, J.V., Murphy, W.D. & Flanagan, B. (1981). Identifying dangerous child molesters. In R.B. Stewart (Ed.), *Violent Behavior: Social Learning Approaches to Prediction, Management, and Treatment* (pp. 53–63). New York: Plenum Press.
- Abel, G.G. & Osborn, C.A. (1992). The paraphilias: The extent and nature of sexually deviant and criminal behavior. In J.M.W. Bradford (Ed.), *Psychiatric Clinics of North America*, 15 (pp. 675–687). Philadelphia, PA: W.B. Saunders Company.
- Ainsworth, M.D.S. & Bowlby, J. (1991). An etiological approach to personality development. *American Psychologist*, 46, 333–342.
- Allen, C. (1991). *Women and Men Who Sexually Abuse Children: A Comparative Analysis*. Orwell, VT: Safer Society Press.
- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed. revised. Washington, DC: American Psychiatric Association.
- Andrews, D.A. & Bonta, J. (2003). *The Psychology of Criminal Conduct*, 3d ed. Cincinnati, OH: Anderson.
- Barbaree, H.E., Seto, M.C., Serin, R.C., Amos, N.L. & Preston, D.L. (1994). Comparisons between sexual and nonsexual rapist subtypes. *Criminal Justice and Behavior*, 21, 95–114.
- Bard, L., Carter, D., Cerce, D., Knight, R.A., Rosenberg, R. & Schneider, B. (1987). A descriptive study of rapists and child molesters: Developmental, clinical, and criminal characteristics. *Behavioral Sciences and the Law*, 5, 203–220.
- Beauregard, E., Lussier, P. & Proulx, J. (2004). An exploration of developmental factors related to deviant sexual preferences among adult rapists. *Sexual Abuse: A Journal of Research and Treatment*, 16, 151–161.
- Beech, A.R., Elliot, I.A., Birgden, A. & Findlater, D. (2008). The Internet and child sexual offending: A criminological review. *Aggression and Violent Behavior*, 13, 216–228.
- Bickley, J.A. & Beech, A.R. (2002). An investigation of the Ward and Hudson pathways model of the sexual offense process with child abusers. *Journal of Interpersonal Violence*, 17, 371–393.
- Bickley, J.A. & Beech, A.R. (2003). Implications for treatment of sexual offenders of the Ward and Hudson model of relapse. *Sexual Abuse: A Journal of Research and Treatment*, 15, 121–134.
- Bourke, M.L. & Hernandez, M.L. (2009). The Butner study redux: A report of the incidence of hands-on child victimization by child pornography offenders. *Journal of Family Violence*, 24, 183–191.
- Bruinsma, F. (1995). Immediate assessment of adolescent sex offenders seen at the police station. *International Journal of Offender Therapy and Comparative Criminology*, 39, 306–317.

- Burton, D.L. (2003). Male adolescents: Sexual victimization and subsequent sexual abuse. *Child & Adolescent Social Work Journal*, 20, 277–296.
- Camilleri, J.A. & Quinsey, V.L. (2008). Pedophilia: Assessment and treatment. In D.R. Laws & W. O'Donohue (Eds.), *Sexual Deviance: Theory, Assessment, and Treatment*, vol. 2 (pp. 183–212). New York: Guilford Press.
- Cann, J., Friendship, C. & Gozna, L. (2007). Assessing crossover in a sample of sexual offenders with multiple victims. *Legal and Criminological Psychology*, 12, 149–163.
- Cicchetti, D. & Lynch, M. (1995). Failures in the expectable environment and their impact on individual development: The case of child maltreatment. In D. Cicchetti & D.J. Cohen (Eds.), *Developmental Psychopathology, Volume 2: Risk, Disorder, and Adaptation* (pp. 32–71). New York: John Wiley.
- Conte, J.R. (1991). The nature of sexual offences against children. In C.R. Hollin & K. Howells (Eds.), *Clinical Approaches to Sex Offenders and Their Victims*. West Sussex, England: John Wiley & Sons.
- Cortoni, F. & Hanson, R.K. (2001). Sex as a coping strategy and its relationship to juvenile sexual history and intimacy in sexual offenders. *Sexual Abuse: A Journal of Research and Treatment*, 8, 27–43.
- Cortoni, F. & Hanson, R.K. (2005). *A Review of the Recidivism Rates of Adult Female Sexual Offenders*. Research Report 2005 No. R-169. Ottawa, ON: Correctional Service of Canada, Research Branch.
- Cortoni, F., Sandler, J.C. & Freeman, N.J. (2014). Women convicted of promoting prostitution of a minor are different from women convicted of traditional sexual offenses A brief research report. *Sexual abuse: A Journal of Research and Treatment*, 27, 324–334.
- Craissati, J. (2005). Sexual violence against women: A psychological approach to the assessment and management of rapists in the community. *Probation Journal: The Journal of Community and Criminal Justice*, 52, 401–422.
- Craissati, J. & Beech, A.R. (2006). The role of key developmental variables in identifying sex offenders likely to fail in the community: An enhanced risk prediction model. *Child Abuse & Neglect*, 30, 327–339.
- Craissati, J., McClurg, G. & Browne, K. (2002a). Characteristics of perpetrators of child sexual abuse who have been sexually victimized as children. *Sexual Abuse: A Journal of Research and Treatment*, 14, 225–239.
- Craissati, J., McClurg, G. & Browne, K. (2002b). The parental bonding experiences of sex offenders: A comparison between child molesters and rapists. *Child Abuse & Neglect*, 26, 909–921.
- Delmonico, D.L. & Griffin, E.J. (2008). Online sex offending: Assessment and treatment. In D.R. Laws & W. O'Donohue (Eds.), *Sexual Deviance: Theory, Assessment and Treatment*, vol. 2 (pp. 459–485). New York: Guilford Press.
- Dube, S.R., Anda, R.F., Felitti, V.J., Croft, J.B., Edwards, V.J. & Giles, W.H. (2001). Growing up with parental alcohol abuse: Exposure to childhood abuse, neglect and household dysfunction. *Child Abuse & Neglect*, 25, 1627–1640.
- Elliott, M., Browne, K. & Kilcoyne, J. (1995). Child sexual abuse prevention: What offenders tell us. *Child Abuse & Neglect*, 19, 579–594.

- Emerick, R.L. & Dutton, W.A. (1993). The effect of polygraphy on the self-report of adolescent sex offenders: Implications for risk assessment. *Annals of Sex Research, 6*, 83–103.
- English, K. (2007). The containment approach to managing sex offenders. In R.G. Wright (Ed.), *Sex Offender Laws: Failed Policies, New Directions* (pp. 427–448). New York: Springer Publishing Inc.
- English, K., Jones, L., Pasini-Hill, D., Patrick, D. & Cooley-Towell, S. (2000). *The Value of Polygraph Testing in Sex Offender Management*. Final research report submitted to the National Institute of Justice. Denver, CO: Colorado Department of Public Safety, Division of Criminal Justice, Office of Research & Statistics.
- English, K., Jones, L., Patrick, D. & Pasini-Hill, D. (2003). Sexual offender containment: Use of the postconviction polygraph. *Annals of the New York Academy of Sciences, 989*, 411–427.
- Finkelhor, D. (1984). *Child Sexual Abuse: New Theory and Research*. New York: Free Press.
- Foa, E.B., Keane, T.M. & Friedman, M.J. (2000). *Effective Treatments for PTSD*. New York: Guilford Press.
- Francis, B., Harris, D., Wallace, S., Knight, R. A. & Soothill, K. (2013). Sexual and general offending trajectories of men referred for civil commitment. *Sexual Abuse: A Journal of Research and Treatment, 1079063213492341*.
- Freeman, N.J. & Sandler, J.C. (2008). Female and male sex offenders: A comparison of recidivism patterns and risk factors. *Journal of Interpersonal Violence, 23*, 1394–1413.
- Gannon, T.A., Beech, A.R. & Ward, T. (2008). Does the polygraph lead to better risk prediction for sexual offenders? *Aggression and Violent Behavior, 13*, 29–44.
- Gannon, T.A., Hoare, J.A., Rose, M.R. & Parrett, N. (2010). A re-examination of female child molesters' implicit theories: Evidence for Female Specificity? *Psychology, Crime & Law, 18*, 209–224.
- Gannon, T., Terriere, R. & Leader, T. (2012). Ward and Siegert's Pathways Model of child sexual offending: A cluster analysis evaluation. *Psychology, Crime & Law, 18*, 129–153.
- Gannon, T.A. & Ward, T. (2008). Rape: Psychopathology and theory. In D.R. Laws & W. O'Donohue (Eds.), *Sexual Deviance: Theory, Assessment and Treatment*, vol. 2 (pp. 336–355). New York: Guilford Press.
- Garlick, Y., Marshall, W.L. & Thorton, D. (1996). Intimacy deficits and attribution of blame among sex offenders. *Legal and Criminological Psychology, 1*, 251–258.
- Gillespie, S.M., Williams, R., Elliott, I.A., Eldridge, H.J., Ashfield, S. & Beech, A.R. (2014). Characteristics of Females Who Sexually Offend A Comparison of Solo and Co-Offenders. *Sexual Abuse: A Journal of Research and Treatment, 1079063214556358*.
- Gottfredson, M. & Hirschi, T. (1990). *A General Theory of Crime*. Stanford, CA: Stanford University Press.
- Grady, M.D., Levenson, J.S. & Bolder, T. (2016). Linking adverse childhood effects and attachment: A theory of etiology for sexual offending. *Trauma, Violence & Abuse, 1524838015627147*.
- Grayston, A.D. & De Luca, R.V. (1999). Female perpetrators of child sexual abuse: A review of the clinical and empirical literature. *Aggression and Violent Behavior, 4*, 93–106.

- Groth, A.N. (1979). Sexual trauma in the life histories of rapists and child molesters. *Victimology: An International Journal*, 4, 10–16.
- Groth, A.N. (1983). Treatment of the sexual offender in a correctional institution. In J.G. Greer & I.R. Stuart (Eds.), *The Sexual Aggressor: Current Perspectives on Treatment*. New York: Van Nostrand Reinhold Company, Inc.
- Groth, A.N., Hobson, W.F. & Gary, T.S. (1982). The child molester: Clinical observations. *Journal of Social Work and Human Sexuality*, 1, 129–144.
- Guay, J., Proulx, J., Cusson, M. & Ouimet, M. (2001). Victim-choice polymorpha among serious sex offenders. *Archives of Sexual Behavior*, 30, 521–533.
- Hanson, R. (2002). Recidivism and age: Follow-up data from 4,673 sexual offenders. *Journal of Interpersonal Violence*, 17, 1046–1062.
- Hanson, R.K., Bourgon, G., Helmus, L. & Hodgson, S. (2009). *A Meta-Analysis of the Effectiveness of Treatment for Sex Offenders: Risk, Need, and Responsivity*. Ottawa, ON: Public Safety Canada.
- Hanson, R.K. & Bussiere, M.T. (1998). Predicting relapse: A meta-analysis of sexual offender recidivism studies. *Journal of Consulting and Clinical Psychology*, 63, 348–362.
- Hanson, R.K. & Morton-Bourgon, K. (2004). *Predictors of Sexual Recidivism: An Updated Meta-Analysis*. User Report 2004-02. Ottawa, ON: Public Safety and Emergency Preparedness Canada.
- Harkins, L. & Beech, A.R. (2007). A review of the factors that can influence the effectiveness of sex offender treatment: Risk, need, responsivity and process issues. *Aggression and Violent Behavior*, 12, 615–627.
- Harrell, E. (2012). *Violent Victimization Committed by Strangers, 1993–2010*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- Harris, D.A., Knight, R.A., Smallbone, S. & Dennison, S. (2011). Post-release specialization and versatility in sexual offenders referred for civil commitment. *Sexual Abuse: Journal of Research and Treatment*, 23, 243–259.
- Harris, D.A., Mazerolle, P. & Knight, R.A. (2009). Understanding male sexual offending: A comparison of general and specialist theories. *Criminal Justice and Behavior*, 36, 1051–1069.
- Hayashino, D.S., Wurtele, S.K. & Klebe, K J. (1995). Child-molesters: An examination of cognitive factors. *Journal of Interpersonal Violence*, 10, 106–116.
- Heil, P., Ahlmeyer, S. & Simons, D. (2003). Crossover sexual offenses. *Sexual Abuse: A Journal of Research and Treatment*, 15, 221–236.
- Heil, P. & Simons, D. (2008). Multiple paraphilias: Etiology, prevalence, assessment, and treatment. In D.R. Laws & W. O'Donohue (Eds.), *Sexual Deviance: Theory, Assessment and Treatment*, vol. 2 (pp. 527–556). New York: Guilford Press.
- Heil, P., Simons, D.A. & Burton, D. (2010). Using the polygraph with female sexual offenders. In T.A. Gannon & F. Cortoni (Eds.), *Female Sexual Offending: Theory, Assessment & Treatment*. Hoboken, NJ: John Wiley & Sons.
- Hudson, S.M. & Ward, T. (1997). Rape: Psychopathology and theory. In D.R. Laws & W. O'Donohue (Eds.), *Sexual Deviance: Theory, Assessment, and Treatment*, vol. 1 (pp. 322–355). New York: Guilford Press.

- Jennings, W.G., Zgoba, K.M., Maschi, T. & Reingle, J.M. (2014). An empirical assessment of the overlap between sexual victimization and sex offending. *International Journal of Offender Therapy and Comparative Criminology*, *58*, 1466–1480.
- Jespersen, A.F., Lalumiere, M.L. & Seto, M.C. (2009). Sexual abuse history among adult sex offenders and non-sex offenders: A meta-analysis. *Child Abuse & Neglect*, *33*, 179–192.
- John Jay College. (2004). *The Nature and Scope of Sexual Abuse of Minors by Catholic Priests and Deacons in the United States 1950–2002*. Washington, DC: United States Conference of Catholic Bishops.
- Kleban, H., Chesin, M.S., Jeglic, E.L. & Mercado, C.C. (2013). An exploration of crossover sexual offending. *Sexual Abuse: A Journal of Research and Treatment*, *25*, 427–443.
- Knight, R.A. & Prentky, R.A. (1990). Classifying sexual offenders: The development and corroboration of taxonomic models. In W.L. Marshall, D.R. Laws & H.B. Barbaree (Eds.), *Handbook of Sexual Assault: Issues, Theories, and Treatment of the Offender* (pp. 23–52). New York: Plenum.
- Kokish, R., Levenson, J.S. & Blasingame, G.D. (2005). Post-conviction sex offender polygraph examination: Client-reported perceptions of utility and accuracy. *Sexual Abuse: A Journal of Research and Treatment*, *17*(2), 211–221.
- Langstrom, N., Sjostedt, G. & Grann, M. (2004). Psychiatric disorders and recidivism in sexual offenders. *Sexual Abuse: Journal of Research and Treatment* *16*(2).
- Laws, D. & Marshall, W. (1990). A conditioning theory of the etiology and maintenance of deviant sexual preference and behaviour. In W. Marshall, D. Laws & H. Barbaree (Eds.), *Handbook of Sexual Assault: Issues, Theories, and Treatment of the Offender* (pp. 209–229). New York: Plenum.
- Lee, J.K.P., Jackson, H.J., Pattison, P. & Ward, T. (2002). Developmental risk factors for sexual offending. *Child Abuse & Neglect*, *26*, 73–92.
- Levenson, J.S., Becker, J. & Morin, J.W. (2008). The relationship between victim age and gender crossover among sex offenders. *Sexual abuse: a journal of research and treatment*, *20*, 43–60.
- Levenson, J.S. & Socia, K.M. (2016). Adverse childhood experiences and arrest patterns in a sample of sexual offenders. *Journal of Interpersonal Violence*, *31*, 1883–1911.
- Levenson, J.S., Willis, G.M. & Prescott, D.S. (2016). Adverse Childhood Experiences in the Lives of Male Sex Offenders Implications for Trauma-Informed Care. *Sexual Abuse: A Journal of Research and Treatment*, *28*, 340–359.
- Levenson, J.S., Willis, G.M. & Prescott, D.S. (2015). Adverse childhood experiences in the lives of female sex offenders. *Sexual abuse: A Journal of Research and Treatment*, *27*, 258–283.
- Logan, C. (2008). Sexual deviance in females: Psychopathology and theory. In D.R. Laws & W.T. O'Donohue (Eds.), *Sexual Deviance: Theory, Assessment and Treatment*, 2d ed. (pp. 486–507). New York: Guilford Press.
- Lussier, P. (2005). The criminal activity of sexual offenders in adulthood: Revisiting the specialization debate. *Sexual Abuse: A Journal of Research and Treatment*, *17*, 269–292.

- Lussier, P., Proulx, J. & LeBlanc, M. (2005). Criminal propensity, deviant sexual interests and criminal activity of sexual aggressors against women: A comparison of models. *Criminology*, *43*, 247–279.
- MacCulloch, M.J., Snowden, P.R., Wood, P.J. & Mills, H.E. (1983). Sadistic fantasy, sadistic behavior and offending behavior. *British Journal of Psychiatry*, *143*, 20–29.
- Malamuth, N.M., Sockloskie, R.J., Koss, M.P. & Tanaka, J.S. (1991). Characteristics of aggressors against women: Testing a model using a national sample of college students. *Journal of Consulting and Clinical Psychology*, *59*, 670–681.
- Maniglio, R. (2012). The role of parent–child bonding, attachment and interpersonal problems in the development of deviant sexual fantasies in sexual offenders. *Trauma, Violence & Abuse*, *13*(2), 83–96.
- Marsa, F., O’Reilly, G., Carr, A., Murphy, P., O’Sullivan, M., Cotter, A. & Hevey, D. (2004). Attachment styles and psychological profiles of child sex offenders in Ireland. *Journal of Interpersonal Violence*, *19*, 228–251.
- Marshall, W.L. (1993). The role of attachments, intimacy, and loneliness in the etiology and maintenance of sexual offending. *Sexual and Relationship Therapy*, *8*, 109–121.
- Marshall, W.L. (2007). Diagnostic issues, multiple paraphilias, and comorbid disorders in sexual offenders: Their incidence and treatment. *Aggression and Violent Behavior*, *12*, 16–35.
- Marshall, W.L. & Barbaree, H.E. (1990). An integrated theory of sexual offending. In W.L. Marshall, D.R. Laws & H.E. Barbaree (Eds.), *Handbook of Sexual Assault: Issues, Theories, and Treatment of the Offender* (pp. 257–275). New York: Plenum.
- Marshall, W.L., Barbaree, H.E. & Eccles, A. (1991). Early onset and deviant sexuality in child molesters. *Journal of Interpersonal Violence*, *6*, 323–336.
- Marshall, W.L. & Marshall, L.E. (2000). The origins of sexual offending. *Trauma, Violence and Abuse*, *1*, 250–263.
- Martínez-Catena, A., Redondo, S., Frerich, N. & Beech, A. R. (2016). A dynamic risk factors–based typology of sexual offenders. *International Journal of Offender Therapy and Comparative Criminology*, 0306624X16629399.
- Matthews, J.K., Mathews, R. & Speltz, K. (1991). Female sex offenders: A typology. In M.Q. Patton (Ed.), *Family Sexual Abuse: Frontline Research and Evaluation* (pp. 199–219). Newbury Park, CA: Sage.
- McGee, R.A., Wolfe, D.A. & Wilson, S.K. (1997). Multiple maltreatment experiences and adolescent behavior problems: Adolescents’ perspectives. *Development and Psychopathology*, *9*, 131–149.
- Miner, M.H. & Dwyer, S.M. (1997). The psychosocial development of sex offenders: Differences between exhibitionists, child molesters, and incest offenders. *International Journal of Offender Therapy and Comparative Criminology*, *41*, 36–44.
- Muskens, M., Bogaerts, S., van Casteren, M. & Labrijn, S. (2011). Adult female sexual offending: A comparison between co-offenders and solo offenders in a Dutch sample. *Journal of Sexual Aggression*, *17*, 46–60.
- Nathan, P. & Ward, T. (2002). Female sex offenders: Clinical and demographic features. *Journal of Sexual Aggression*, *8*, 5–21.

National Center for Women and Policing (2001). *Successfully Investigating Acquaintance Sexual Assault: A National Training Manual for Law Enforcement*. Beverly Hills, CA: National Center for Women and Policing.

Ó Ciardha, C. (2011). A theoretical framework for understanding deviant sexual interest and cognitive distortions as overlapping constructs contributing to sexual offending against children. *Aggression and Violent Behavior, 16*, 493–502.

O'Connell, M.A. (1998). Using polygraph testing to assess deviant sexual history of sex offenders Doctoral dissertation, University of Washington, 1998. Dissertation Abstracts International, 49, MI 48106.

Parent, G., Guay, J.P. & Knight, R.A. (2011). An assessment of long-term risk of recidivism by adult sex offenders: One size doesn't fit all. *Criminal Justice and Behavior, 38*, 188–209.

Polaschek, D.L., Ward, T. & Hudson, S.M. (1997). Rape and rapists: Theory and treatment. *Clinical Psychology Review, 17*, 117–144.

Prentky, R.A., Knight, R.A., Rosenberg, R. & Lee, A.F.S. (1989). A path analytic approach to the validation of a taxonomic system for classifying child molesters. *Journal of Quantitative Criminology, 6*, 231–267.

Priest, R. & Smith, A. (1992). Counseling adult sexual offenders: Unique challenges and treatment paradigms. *Journal of Counseling & Development, 71*, 27–32.

Quayle, E. (2004). The impact of viewing on offending behavior. In M. Calder (Ed.), *Child Sexual Abuse and the Internet: Tackling the New Frontier* (pp. 26–36). Dorset, England: Russell House Publishing Ltd.

Quayle, E. (2008). Online sex offending: Psychopathology and theory. In D.R. Laws & W. O'Donohue (Eds.), *Sexual Deviance: Theory, Assessment and Treatment*, vol. 2 (pp. 439–458). New York: Guilford Press.

Quayle, E. & Taylor, M. (2003). Model of problematic Internet use in people with a sexual interest in children. *CyberPsychology & Behavior, 6*, 93–106.

Quinsey, V.L. (1986). Men who have sex with children. In D.N. Weisstub (Ed.), *Law and Mental Health: International Perspectives*, vol. 2 (pp. 140–172). New York: Pergamon Press.

Ramirez, S.R., Jeglic, E.L. & Calkins, C. (2015). An examination of the relationship between childhood abuse, anger and violent behavior among a sample of sex offenders. *Health & Justice, 3*, 1.

Rice, M.E. & Harris, G.T. (2002). Men who molest their sexually immature daughters: Is a special explanation required? *Journal of Abnormal Psychology, 111*, 329–339.

Robertiello, G. & Terry, K.J. (2007). Can we profile sex offenders? A review of sex offender typologies. *Aggression and Violent Behavior, 12*, 508–518.

Saradjian, J. & Hanks, H. (1996). *Women Who Sexually Abuse Children: From Research to Clinical Practice*. New York: Wiley.

Salter, D., McMillan, D., Richards, M., Talbot, T., Hodges, J., Bentovim, A., Hastings, R., Stevenson, J. & Skuse, D. (2003). Development of sexually abusive behavior in sexually victimized males: A longitudinal study. *Lancet, 361*, 471–476.

- Seto, M.C., Babchishin, K.M., Pullman, L.E. & McPhail, I.V. (2015). The puzzle of intrafamilial child sexual abuse: A meta-analysis comparing intrafamilial and extrafamilial offenders with child victims. *Clinical Psychology Review, 39*, 42–57.
- Seto, M.C. & Elke, A. (2008). Predicting new offenses committed by child pornography offenders. Paper presented at the 27th Annual Conference of the Association for the Treatment of Sexual Abusers, Atlanta, GA.
- Seto, M.C., Hanson, K.R. & Babchishin, K.M. (2011). Contact sexual offending by men with online sexual offenses. *Sexual Abuse: A Journal of Research and Treatment, 23*, 124–145.
- Sim, D.J. & Proeve, M. (2010). Crossover and stability of victim type in child molesters. *Legal and criminological psychology, 15*(2), 401–413.
- Simon, L.M.J. (1997). Do criminal offenders specialize in crime types? *Applied and Preventative Psychology, 6*, 35–53.
- Simon, L.M.J. (2000). An examination of the assumptions of specialization, mental disorder, and dangerousness in sex offenders. *Behavioural Sciences and the Law, 18*, 275–308.
- Simon, L.M.J., Sales, B., Kasniak, A. & Kahn, M. (1992). Characteristics of child molesters: Implications for the fixated-regressed dichotomy. *Journal of Interpersonal Violence, 7*, 211–225.
- Simons, D., Heil, P., Burton, D. & Gursky, M. (2008). Developmental and offense histories of female sexual offenders. Symposium presented at the 27th Annual Conference of the Association for the Treatment of Sexual Abusers, Atlanta, GA.
- Simons, D., Heil, P. & English, K. (2004). Utilizing polygraph as a risk prediction/treatment progress assessment tool. Paper presented at the 23d Annual Conference of the Association for the Treatment of Sexual Abusers, Albuquerque, NM.
- Simons, D.A., McCullar, B. & Tyler, C. (2008). The utility of the self-regulation model to re-integration planning. Paper presented at the 27th Annual Conference of the Association for the Treatment of Sexual Abusers, Atlanta, GA.
- Simons, D.A. & Tyler, C. (2010). The self-regulation and good lives models: Analysis of primary goods and offender type. Symposium presented at the 29th Annual Conference of the Association for the Treatment of Sexual Abusers, Phoenix, AZ.
- Simons, D.A., Tyler, C. & Heil, P. (2005). Childhood risk factors associated with crossover offending. Poster presented at the 24th Annual Conference of the Association for the Treatment of Sexual Abusers, Salt Lake City, UT.
- Simons, D.A., Wurtele, S.K. & Durham, R.L. (2004). Developmental experiences of child sexual abusers and rapists. Paper presented at the 23d Annual Conference of the Association for the Treatment of Sexual Abusers, Albuquerque, NM.
- Simons, D.A., Wurtele, S.K. & Durham, R.L. (2008). Developmental experiences of child sexual abusers and rapists. *Child Abuse & Neglect, 32*, 549–560.
- Simons, D., Wurtele, S.K. & Heil, P. (2002). Childhood victimization and lack of empathy as predictors of sexual offending against women and children. *Journal of Interpersonal Violence, 17*, 1291–1305.

Simons, D.A., Yates, P.M., Kingston, D.A. & Tyler, C. (2009). Self-regulation model of sexual offending: Treatment compliance, motivation, and progress. Symposium presented at the 28th Annual Conference of the Association for the Treatment of Sexual Abusers, Dallas, TX.

Smallbone, S.W. & Wortley, R.K. (2004). Onset, persistence, and versatility of offending among adult males convicted of sexual offenses against children. *Sexual Abuse: A Journal of Research and Treatment*, 16, 285–298.

Stephens, S., Seto, M. C., Goodwill, A. M., and Cantor, J. M. (2016). The relationship between victim age, gender, and relationship polymorphism and sexual recidivism, *Sexual Abuse: A Journal of Research and Treatment*, 1079063216630983.

Surjadi, B., Bullens, R., Horn, J.V. & Bogaerts, S. (2010). Internet offending: Sexual and non-sexual functions within a Dutch sample. *Journal of Sexual Aggression: An International, Interdisciplinary Forum for Research, Theory and Practice*, 16, 47–58.

Tener, D., Wolak, J. & Finkelhor, D. (2015). A typology of offenders who use online communications to commit sex crimes against minors. *Journal of Aggression, Maltreatment & Trauma*, 24, 319–337.

Tjaden, P. & Thoennes, N. (2006). *Extent, Nature, and Consequences of Rape Victimization: Findings From the National Violence Against Women Survey*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

Vandiver, D.M. (2006). Female sex offenders: A comparison of solo offenders and co-offenders. *Violence & Victims*, 21, 339–354.

Vandiver, D.M. & Kercher, G. (2004). Offender and victim characteristics of registered female sex offenders in Texas: A proposed typology of female sexual offenders. *Sexual Abuse: A Journal of Research and Treatment*, 16, 121–137.

Ward, T. & Beech, A.R. (2008). An integrated theory of sexual offending. In D.R. Laws & W. O'Donohue (Eds.), *Sexual Deviance: Theory, Assessment and Treatment*, vol. 2 (pp. 21–36). New York: Guilford Press.

Ward, T. & Gannon, T.A. (2006). Rehabilitation, etiology and self-regulation: The comprehensive good lives model of treatment for sex offenders. *Aggression and Violent Behavior*, 11, 77–94.

Ward, T. & Hudson, S.M. (1998). A model of the relapse process in sexual offenders. *Journal of Interpersonal Violence*, 13, 700–725.

Ward, T. & Hudson, S.M. (2000). A self-regulation model of relapse prevention. In D.R. Laws, S.M. Hudson & T. Ward (Eds.), *Remaking Relapse Prevention With Sex Offenders: A Sourcebook* (pp. 79–101). Thousand Oaks, CA: Sage Publications.

Ward, T., Hudson, S.M., Marshall, W.L. & Siegert, R. (1995). Attachment style and intimacy deficits in sexual offenders: A theoretical framework. *Sexual Abuse: A Journal of Research and Treatment*, 7, 317–335.

Ward, T., Yates, P.M. & Willis, G.M. (2011). The good lives model and the risk need responsivity model: A critical response to Andrews, Bonta and Wormith. *Criminal Justice and Behavior*, 39, 94–110.

Webb, L., Craissati, J. & Keen, S. (2007). Characteristics of internet child pornography offenders: A comparison with child molesters. *Sexual Abuse: A Journal of Research and Treatment*, 19, 449–465.

- Weinrott, M.R. & Saylor, M. (1991). Self-report of crimes committed by sex offenders. *Journal of Interpersonal Violence*, 6, 286–300.
- Whitaker, D.J., Le, B., Hanson, R.K., Baker, C.K., McMahon, P.M., Ryan, G. & Klein, A. (2008). Risk factors for the perpetration of child sexual abuse: A review and meta-analysis. *Child Abuse & Neglect*, 32, 529–548.
- Widom, C.S. & Massey, C. (2015). A prospective examination of whether childhood sexual abuse predicts subsequent sexual offending. *JAMA Pediatrics*, 169, e143357-e143357.
- Wijkman, M., Bijleveld, C. & Hendriks, J. (2011). Female sex offenders: Specialists, generalists and once-only offenders. *Journal of Sexual Aggression*, 17, 34–45.
- Wilcox, D.T. (2009). *The Use of the Polygraph in Assessing, Treating and Supervising Sex Offenders: A Practitioner's Guide*. Chichester, England: John Wiley & Sons, Ltd.
- Wilcox, D., Sosnowski, D., Warberg, B. & Beech, A. (2005). Sexual history disclosure using the polygraph in a sample of British sex offenders in treatment. *Polygraph*, 34, 171–181.
- Wolak, J., Finkelhor, D. & Mitchell, K. J. (2012). How often are teens arrested for sexting? Data from a national sample of police cases. *Pediatrics*, 129, 4–12.
- World Health Organization. (1992). *The ICD-10 classification of mental and behavioural disorders: Clinical descriptions and diagnostic guidelines*. Geneva: World Health Organization.
- Yates, P.M. & Kingston, D.A. (2006). The self-regulation model of sexual offending: The relationship between offence pathways and static and dynamic sexual offence risk. *Sexual Abuse: A Journal of Research and Treatment*, 18, 269–270.
- Yates, P.M., Kingston, D.A. & Hall, K. (2003). Pathways to sexual offending: Validity of Hudson and Ward's (1998) self-regulation model and relationship to static and dynamic risk among treated sex offenders. Paper presented at the 22nd Annual Conference of the Association for the Treatment of Sexual Abusers, St. Louis, MO.

Chapter 4: Internet-Facilitated Sexual Offending

by Michael Seto, Ph.D.

FINDINGS

- ◆ The different types of internet-facilitated sexual crime are —
 - Possession, distribution, and production of child pornography.
 - Sexual solicitation of minors.
 - Conspiracy crimes using online technologies.
- ◆ The characteristics of internet offenders are —
 - One in eight had an official record for contact sexual offending.
 - Fifty-five percent admitted to a history of contact sexual offending.
 - Online only offenders were relatively low risk compared to contact sex offenders.
 - Child pornography offenders are likely to be pedophiles.
 - Sexual solicitation offenders are primarily interested in adolescent girls.

Introduction

There is increasing public and professional concern about internet-facilitated sexual offending, reflected in a greater number of prosecutions and clinical referrals for these crimes (Motivans & Kyckelhahn, 2007; U.S. Department of Justice, 2010; United States Sentencing Commission, 2012). Internet sexual offending comprises a range of crimes, including possession or distribution of child pornography; production of child pornography; sexual solicitations¹ (online interactions with minors for sexual purposes, including plans to meet offline); and conspiracy crimes (e.g., collaborating with others to distribute or produce child pornography, sexually solicit minors, sexually traffic minors). Most online sexual offenses involve possession or distribution of child pornography.

It is hard to obtain precise estimates of the extent of internet-facilitated sexual offending in the United States, as there is no national system for integrating information about internet offenders at the state level and there are state-by-state variations in the applicable laws. However, the National Juvenile Online Victimization Study, conducted in 2000 and again in 2009, indicates that the number of arrests in the United States for internet sex crimes has tripled over that time (Wolak, 2012; Wolak, Finkelhor & Mitchell, 2011). Average sentences are getting longer for comparable child pornography offenses, indicating that internet offenders will occupy custodial beds longer and will require longer terms of supervision if they become eligible for probation/parole (Wolak, Finkelhor & Mitchell, 2009).

Given the nature of the internet, this type of sexual offending is clearly an international problem, with political, legal and geographic complexities. Many child pornography sites are based outside the United States (e.g., Eastern Europe, Southeast Asia), where laws differ substantially. The International Centre for Missing & Exploited

Children (2010) reviewed laws in 196 countries and found that almost half (89 countries) did not have specific child pornography laws. Some of the remaining countries prohibited child pornography under more general obscenity laws, but some countries had no legal prohibitions. There is also variation in prohibitions of child pornography; for example, some countries (such as the United States) prohibit only visual depictions of real children, whereas other countries (such as Canada) prohibit depictions of fictional children (e.g., anime) or nonvisual depictions (e.g., audio recordings or stories).

The increase in internet sexual offending has been paralleled by a decrease in the number of reported child sexual abuse cases, and a decrease in violent crime more broadly (Finkelhor & Jones, 2006; Mishra & Lalumière, 2009). This suggests that internet sexual offending is a newer phenomenon that may not be influenced by the same contextual factors as other kinds of sexual or violent crime. An important research question is the extent to which internet sex offenders represent a new type of sex offender, or whether they reflect the transformation of conventional sexual offending through the adoption of new technologies (Seto & Hanson, 2011).

Whatever the explanations for the increased demand, the number of potential internet offending investigations could exceed law enforcement resources, leading some experts to acknowledge that it is not possible to arrest away this problem. For example, two programs (Fairplay and Roundup) have identified millions of computers involved in peer-to-peer sharing of child pornography files in the United States (U.S. Department of Justice, 2010). In 2017, Operation Broken Heart investigated 69,000 cases and 61 task forces arrested over 1,000 suspected child predators. Although more resources are being devoted to peer-to-peer investigations, many police investigators continue to conduct proactive, undercover investigations — in which they pretend to be a minor online — in anticipation of solicitation attempts by adults (Briggs, Simon & Simonsen, 2011; Mitchell, Wolak & Finkelhor, 2005). Although resources for law enforcement in this area have increased, the reality is that only some cases will be fully investigated and prosecuted.

Prioritization of Cases

Faced with more cases than they can handle in a timely fashion, law enforcement and other professionals who deal with these offenders need to prioritize their resources. But how should they assign priority? Given an overarching goal to protect children from sexual exploitation and abuse, it makes sense to prioritize and triage child pornography cases involving production or high-level distribution over possession alone or “passive” distribution (e.g., uploading images to file-sharing programs but not actively trading with others); solicitation cases involving attempts to meet in real life over online fantasy activities (e.g., sexually explicit chat); and cases involving internet offenders who have already sexually assaulted children or are currently doing so over those with no known contact offending history. High-priority cases, in which children are suspected to already be victims or are at imminent risk, should receive the most attention. The scientific and practical challenge is determining how investigators can distinguish, with relatively limited initial evidence, which cases are more likely to involve production, solicitation of minors and/or contact offending.

Summary of Research Findings

Offender Motivations

Sexual Interest in Children

Many, but not all, internet sex offenders are motivated by a sexual interest in children. This has been demonstrated in two studies showing that a majority of child pornography offenders assessed at a sexual behavior clinic showed more sexual arousal (assessed through penile plethysmography responses in the laboratory) to children than to adults, and in fact show a stronger relative response than do offenders with contact victims (Blanchard et al., 2007; Seto, Cantor & Blanchard, 2006). As well, one-third to one-half of child

pornography offenders interviewed by police or by clinicians admitted they were sexually interested in children or in child pornography content (e.g., Seto, Reeves & Jung, 2010). Other studies have also demonstrated a link between sexual interest in children and child pornography use through self-report surveys (e.g., Buschman et al., 2010; Riegel, 2004).

These results are consistent with what we know about the modal child pornography image seized by police, which depicts young girls who appear to be younger than age 12 and often depicts children in sexually explicit conduct (Collins, 2012; Quayle & Jones, 2011). It is a reasonable assumption that individuals will seek out pornography content that reflects their sexual interests (Seto, Maric & Barbaree, 2001). Thus, pedophilic individuals will tend to seek out content depicting young children, while nonpedophilic individuals who are involved with child pornography will tend to seek out content depicting underage adolescents. The relationship between child pornography offending and pedophilia is sufficiently robust that child pornography use is relevant behavioral evidence for the diagnosis of pedophilic disorder in the American Psychiatric Association's (2013) latest nosology (see also Seto, 2010). The revised Screening Scale for Pedophilic Interests — a behavioral measure designed to assess pedophilia when sexual arousal testing is not available — now includes a child pornography offending item, such that contact offenders against children who have also committed child pornography offenses are more likely to be pedophilic than contact offenders without a child pornography history (Seto, Sandler & Freeman, 2015; Seto, Stephens, Cantor & Lalumiere, 2015).

However, not all child pornography offenders show a sexual preference for children over adults and there are motivations other than pedophilia. The offenders in Seto, Reeves and Jung (2010) gave other explanations for their child pornography offending, including indiscriminate sexual interests, an "addiction" to pornography and curiosity (see also Merdian et al., 2013). These explanations are based on self-reporting alone and should be interpreted cautiously because offenders may have offered alternative explanations (other than pedophilia) for their crimes in response to the stigma associated with the pedophilia label (e.g., Jahnke, Imhoff & Hoyer, 2015).

Sexual Interest in Adolescents

In addition, research by the Crimes against Children Research Center suggests that solicitation offenders target young adolescents, typically between ages 13 and 15, which would not be consistent with the clinical diagnosis of pedophilia (because many of the adolescents involved would be showing some signs of sexual and physical maturation) (Wolak et al., 2008). Although it is illegal and is a contravention of social norms about sexual behavior, a sexual interest in young to mid-teen adolescents is not indicative of pedophilia.

Solicitation offenders primarily target young adolescent females.

Briggs, Simon and Simonsen (2011) have suggested that there is a distinction between fantasy-driven and contact-driven solicitation offenders. The former group engages in online activities (such as sexual chat, exchange of pornographic images or exhibitionism via webcam) that are gratifying in and of themselves, often resulting in orgasm while online. These activities appear to reflect the sexual fantasies of the offenders and likely fuel those same fantasies by providing experiences and images for future occasions. Briggs et al. (2011) suggest that this fantasy-driven group is not interested in or likely to commit contact sexual offenses against children. The latter group, in contrast, engages in online activities to arrange real-world meetings; their online activity is more directed toward meeting offline and shorter in duration than the online interactions of fantasy-driven offenders. Briggs et al. (2011) identified 30 offenders who were considered to be contact driven and 21 who were deemed to be fantasy driven. Given the small sample size and exploratory nature of this study, more research is needed to determine if this distinction between solicitation offenders is valid and meaningful.

For cases resulting in actual meetings between an adult and a minor, sexual contact typically occurred on multiple occasions (Wolak et al., 2008). Use of threat or physical force was rare (4–5 percent of cases). Wolak and colleagues (2008) concluded that solicitation offenders may have more in common with statutory sex offenders — who have sexual contacts with minors who agree to the interactions but are below the legally defined age of consent — than they do with pedophilic offenders, who target prepubescent children or seek child pornography depicting prepubescent children. It is rare for solicitation offenders to target young children, stalk or abduct unsuspecting minors or use physical coercion or force to engage in sex with minors. However, only cases involving contacts with real minors that were subsequently reported to police were included in this research. It is possible that unreported cases, or cases involving online contacts but no real-world meetings, do involve younger children and/or more violent behavior.

Krueger, Kaplan and First (2009) compared 22 solicitation offenders and 38 child pornography-only offenders. Although this study was limited because of the small sample size, there were no significant group differences in the prevalence of paraphilia diagnoses, anxiety or mood disorder diagnoses or substance abuse disorder diagnoses. As one might expect given the nature of their offenses, solicitation offenders were more likely to be identified as having a hypersexuality disorder (a proposed psychiatric diagnosis for individuals with an excessive interest or involvement in sexual behavior) in terms of excessive online sexual activity, whereas child pornography-only offenders were more likely to be identified as having a hypersexuality disorder in terms of dependence on pornography.

Seto and colleagues (2012) compared 70 solicitation offenders to 38 child pornography offenders and 38 contact sex offenders on demographic variables; self-reported and self-rated sexual deviance; dynamic risk factors assessed using the Stable-2007; and risk estimated on two modified actuarial risk measures, the Static-99 and the VASOR (Seto et al., 2012). (For a discussion of adult “Sex Offender Risk Assessment,” see Chapter 6 in the Adult section.) They found that solicitation offenders were similar or lower in potential risk to reoffend than child pornography offenders, with fewer men in the former group disclosing undetected sexual offenses, fewer admitting sexual interest in prepubescent or pubescent children and lower scores on ratings of sexual deviance. This was surprising because most of the solicitation offenders had actually attempted to meet with someone they thought was a minor (usually an undercover police officer), whereas child pornography offenders might never have approached a minor directly.

One in eight internet offenders has a history of contact sexual offending in their official criminal records.

Contact Offending History

Seto, Hanson and Babchishin (2011) reviewed available studies and identified 21 samples of internet offenders (a total of 4,464 mostly child pornography offenders, although some samples also included solicitation offenders) with information about their contact offending histories.² On average, one in eight online offenders had an official criminal record for contact sexual offending. In the six samples with self-reported data, a little more than half (55 percent) admitted to a history of contact sexual offending,³ usually as a result of clinical involvement and/or polygraph examination.

More than half of internet offenders self-reported a history of contact sexual offending.

Seto, Hanson and Babchishin's (2011) meta-analysis produced several important findings:

1. Many internet offenders have no known prior contact offending history (identifying a major gap in the literature, as the established risk measures that are available for contact sex offenders may not apply to the internet population).
2. There is a sizable difference between undetected and detected offenses, when comparing the self-reported prevalence rates with the official record rates.
3. Though some of the offenders who deny any history of contact offending may be lying, despite being in treatment or undergoing a polygraph examination, it does not appear that most or all internet offenders have committed a contact sexual offense. (For more on treatment, see Chapter 7: "The Effectiveness of Treatment for Adult Sex Offenders," in the Adult section.)

Buschman and Bogaerts (2009) noted that polygraph examination can increase disclosures not only of prior contact sexual offenses but also of sexual interest in young children, including admissions of masturbating to sexual fantasies of children and seeking opportunities to have sexual contacts with children.

Further research is needed to identify the factors that distinguish those who have committed contact sexual offenses against a child from those who do not commit such offenses. This empirical knowledge would advance the understanding of risk of recidivism and the relationship between online and offline offending. (For information on "Adult Sex Offender Recidivism," see Chapter 5 in the Adult section.) For example, it has been hypothesized that internet offenders who are lower in self-control (e.g., more impulsive, higher in risk-taking) will be more likely to commit contact sexual offenses than those who are higher in self-control (Seto, 2008, 2013). Consistent with this idea, Lee and colleagues (2012) found that online offenders who had committed contact offenses scored higher on a measure of antisocial behavior and traits than online offenders who had no known history of sexual contact victims.

McCarthy (2010) found that "dual" offenders (i.e., individuals who had committed both contact and online sexual offenses) were more likely to be diagnosed with pedophilia and more likely to have prior sexual offenses in their histories. Similarly, Long et al. (2012) found that dual offenders were more likely to have prior criminal histories, especially for nonsexual offenses, than child pornography only offenders. However, dual offenders were less likely to admit pedophilic sexual interests when interviewed, had less child pornography content and were involved with child pornography for shorter periods of time. Reflecting the potential importance of opportunity, dual offenders were more likely to have access to children than child pornography only offenders, through co-residence or occupation.

Contact Offending in the Future

Seto, Hanson and Babchishin (2011) also reviewed recidivism rates from nine samples of internet offenders (a total sample size of 2,630 online offenders) followed for an average of slightly more than three years (ranging from one-and-a-half to six years at risk). Approximately one in 20 (4.6 percent) internet offenders committed a new sexual offense of some kind during this time period, with 2 percent committing a contact sexual offense and 3.4 percent committing a new child pornography offense; some offenders committed both types of crimes. Although the follow-up times are relatively short for this kind of research, and recidivism rates are expected to increase with more opportunity, these recidivism rates are lower than those observed in recidivism studies of offline offenders (Hanson & Morton-Bourgon, 2005) and belie the idea that all internet offenders pose a high risk of committing contact offenses in the future. Indeed, there may be a subgroup of online-only offenders who pose relatively little risk for a contact sexual offense.

Online-only internet offenders have a relatively low risk for sexual recidivism compared to offline contact sexual offenders.

In a recent preliminary analysis of data from 101 federal child pornography offenders in the United States, using data obtained from the U.S. Sentencing Commission, Burgess, Carretta and Burgess (2012) noted that a majority of the offenders were employed (68 percent), had some college education (58 percent), were married or had previously been married (59 percent) and had no prior criminal offenses (53 percent). Offenders with these kinds of characteristics are relatively unlikely to criminally offend again (compared to those who are unemployed, did not complete high school, had never married and had prior offenses).

Internet offenders are not homogeneous with regard to risk. Some of them pose a relatively high risk of directly victimizing children (or indirectly victimizing children by again accessing child pornography), and an important task for law enforcement and for clinicians is to identify those higher-risk individuals in order to prioritize cases and make more efficient decisions about resources.

Recidivism Risk Factors

Research is beginning to emerge on the factors that predict recidivism among internet sex offenders, although more studies using large samples, a set of theoretically or empirically plausible risk factor candidates, longer follow-up times and comprehensive criminal records are clearly needed. These initially identified risk factors appear to be the same kinds of risk factors seen in decades of research on contact sex offenders, and in research on all kinds of offenders generally. For example, recent studies have shown that well-established nonsexual criminological factors such as offender age at time of first arrest, prior criminal history and failure on prior conditional release (such as bail or parole) can predict sexual recidivism among child pornography offenders (Eke, Seto & Williams, 2011; Seto & Eke, 2005).

Seto and Eke recently examined the predictive utility of these candidate risk factors in a structured checklist, the Child Pornography Offender Risk Tool (CPORT; Seto & Eke, 2015). The CPORT consists of seven items simply scored as present or absent: 1) offender age under 35 at the time of the police investigation; 2) any prior criminal history, whether sexual or nonsexual; 3) any prior or concurrent contact sexual offending; 4) any prior or concurrent failure on conditional release such as bail, probation or parole; 5) evidence of pedophilic or hebephilic sexual interests; 6) more boy than girl child pornography content and 7) more boy than girl content in other child-related content (e.g., magazine models).

Broadly speaking, and in line with results for previous sex offender risk assessment tools, these items can be viewed as reflecting either atypical sexual interests (admission of pedophilic or hebephilic sexual interests, relative interest in boys versus girls) or antisocial tendencies (younger age, criminal history, failure on conditional release) (Seto, 2008, 2013).

Other researchers have found similar results. Faust, Renaud and Bickart (2009) examined predictors of recidivism in a sample of 870 child pornography offenders assessed by the Federal Bureau of Prisons between 2002 and 2005. The average length of follow-up was almost four years, with a sexual offense rearrest rate of 5.7 percent for contact or noncontact offenses, including child pornography. Of the 30 predictors examined, five were significant predictors of sexual rearrest: lower education level, being single, possessing noninternet child pornography, prior sex offender treatment (likely a proxy for having a prior sexual offending history) and not possessing depictions of adolescent minors (suggesting that those who show a preference for depictions of prepubescent children are at greater risk).

Wakeling, Howard and Barnett (2011) showed that a modified version of an established risk measure (the Risk Matrix 2000; Thornton, 2007) could predict sexual recidivism in a large sample of Internet offenders in the United Kingdom. Risk Matrix items include offender age, sexual and any other sentencing history, having a male victim, having a stranger victim, ever having a live-in romantic relationship, and having any noncontact offenses. Wakeling and her colleagues obtained recidivism data on 1,326 offenders followed for one year (2.1 percent recidivism rate) and 994 of these offenders followed for two years (3.1 percent recidivism rate). Although the base rate of sexual recidivism was relatively low after one or two years, making it more statistically difficult to identify significant predictors, the measure was nonetheless significantly predictive — to a similar degree as established risk measures with contact offenders. Three-quarters of the new sexual offenses were for internet crimes.

If this research — showing that the same risk factors that are useful in predicting recidivism among conventional contact sex offenders operate similarly for internet offenders — holds up in subsequent replications, then clinicians will be empirically justified to use modified versions of existing risk measures to assess internet offenders, such as the Static-99 (Harris et al., 2003) or Risk Matrix 2000. This research is at an early stage and thus it is too soon to confidently conclude that existing risk measures (modified or not) will accurately predict sexual recidivism by internet offenders who have no history of contact sexual offending. The applicability and validity of risk measures to internet offenders who do have a history of contact sexual offending is not in question. Clinicians and others are clearly justified in using existing risk measures to assess the risk of internet offenders who are known to have a history of contact sexual offending.

Intervention

There is relatively little literature on the treatment of internet offenders. Typically, knowledge about characteristics and risk of recidivism is established before knowledge about treatment approaches and outcomes because of the time it takes to develop and implement programs and then evaluate them for recidivism. Sex offender treatment and supervision professionals are struggling to respond to the increasing influx of internet offenders. Key questions have yet to be addressed regarding intervention, including what the priority treatment targets are, how they should be targeted and whether interventions can reduce recidivism.

The most clearly articulated program at this time appears to be the Internet Sex Offender Treatment Programme (i-SOTP) developed by Middleton and Hayes (2006). This program was created as a result of treatment provider concerns about mixing internet and contact offenders in group therapy as well as questions about the applicability of some treatment components and targets of conventional contact sex offender treatment programs (McGrath et al., 2009). The program is based on contemporary models of contact sexual offending that emphasize cognitive-behavioral principles, but it also draws in elements of positive psychology, 12-step and self-help approaches (which is also common among conventional contact sex offender programs). The program is intended to be less intense than the standard conventional sex offender program available in the United Kingdom; it involves fewer (20 to 30) sessions in either individual or group format and more internet-relevant content. The evidence available so far on risk of recidivism suggests that more intensive interventions are required only by a minority of internet offenders (Seto, Hanson & Babchishin, 2011). A substantial number of internet sex offenders (e.g., child pornography possession-only offenders with no prior criminal history) are likely to be served well by less intensive interventions (Andrews & Bonta, 2006).

The i-SOTP content is organized into six modules corresponding to major dynamic risk factors identified in contact sex offender research, including general self-regulation problems (e.g., difficulties in controlling impulses), sexual self-regulation problems (e.g., specific difficulty controlling sexual urges), offense-supportive attitudes and beliefs (e.g., believing that children depicted in child pornography images are not crime victims) and interpersonal deficits (e.g., poor social skills). These factors are dynamic because they can change over time

(e.g., after consuming alcohol) and any such changes are associated with fluctuations in risk to reoffend. Dynamic risk factors can be distinguished from static risk factors that do not or cannot change (e.g., history of alcoholism) and are typical of well-validated and commonly used sex offender risk measures such as the Static-99. Static risk factors provide the best long-term prediction of recidivism but they do not identify potential treatment and supervision targets. Treatments and other interventions that can successfully target dynamic risk factors are more likely to lead to reductions in recidivism.

Middleton, Mandeville-Norden and Hayes (2009) reported preliminary results from a pre-/post-treatment evaluation of 264 internet offenders. There were significant changes on 10 of 12 psychological measures, many corresponding to the treatment targets just described. However, there was no comparison group, so it is not clear how much of these changes can be attributed to the treatment as opposed to the passage of time, probation involvement or participation in other programs. Another more rigorous evaluation is needed with either a no-treatment (e.g., waiting list) or treatment-as-usual comparison group in order to know if changes over time can be attributed to the i-SOTP program. Continuing follow-up is also needed to determine if treatment participation (especially treatment-related changes on specific targets) are related to changes in recidivism in the desired direction.

Another interesting self-help treatment approach is provided by the Stop It Now! UK organization. Also adopting a blend of cognitive-behavioral, 12-step and self-help techniques, this website includes many of the topics covered by i-SOTP but is available to anyone with an internet connection. The main aim of this website is to reach individuals who are engaging in problematic online behaviors before they commit contact offenses. Given that many such individuals are undetected by authorities (U.S. Department of Justice, 2010), any comprehensive response to internet offending will need to include a self-help component.

A similar service is provided by nongovernmental organizations such as Stop It Now!, which provides a free, confidential, toll-free helpline along with access to online resources for individuals who are concerned about their sexual interests or behavior involving children. One benefit of self-help and confidential approaches is that a larger group of at-risk individuals can be reached, especially in light of evidence that many online offenders go undetected. Another benefit is the relatively low cost of such interventions. A disadvantage is the likelihood that the highest risk individuals (those who have an antisocial orientation and already engage in contact sexual offending) are probably less likely to seek self-help options. Another disadvantage is that follow-up data will not be available to evaluate the efficacy of these services.

Undetected internet offenders are unlikely to seek help given the severe stigma associated with self-identifying as being sexually interested in children or engaging, directly or indirectly, in the sexual exploitation of children. Undetected offenders are also likely to be inhibited by mandatory reporting requirements, as they cannot talk honestly about illegal acts they have committed. A research and treatment project (the Dunkelfeld Project) currently underway in Berlin, Germany, was able to recruit a large sample of self-identified individuals who were sexually interested in children (Beier et al., 2009; Neutze et al., 2011). Most individuals in the sample (95 percent) had engaged in illegal behavior at some time in their lives, but some had been inactive and had not committed a sexual offense in the previous six months. These men were reached through a mass media campaign with billboard and other public advertisements and television and radio spots.

Preliminary evaluation results were reported by Beier et al. (2015). Between 2006 and 2011, 319 help-seeking individuals (72 percent admitting child pornography offending at some point in their lives) expressed interest in participating in the one-year treatment program, based on cognitive behavioral principles. Beier et al. (2015) compared pre-post changes for 53 treated individuals and 22 untreated individuals on the waitlist. Treated participants showed improvement on sexual self-regulation, emotional problems and offense-supportive attitudes and beliefs, whereas untreated participants did not show any significant differences between their two assessments (conducted after the same time interval). There was no significant difference between groups

in self-reported child pornography or contact sexual offending; indeed, many of the treated participants continued to use child pornography.

Summary

It is clear from this review that research on internet offending is relatively new and that there are substantial gaps in the knowledge about internet offenders and the crimes they commit. At the same time, research conducted over the past 10 years (paralleling the emergence of the internet in everyday life) sheds some helpful light on some key issues.

Increasing Demand

There is consistent evidence that the number of internet sexual offending cases is increasing rapidly, with major implications for law enforcement, criminal justice, correctional and clinical agencies. However, more precise state-by-state data are needed to better understand the breadth and depth of this increasing demand in order to allocate resources wisely and to determine if there are meaningful geographic differences that might suggest solutions to this demand (e.g., states with sex offender management boards may be better able to cope with the demand than states that do not have this integration of systems and services). (For more on “Sex Offender Management Strategies,” see Chapter 8 in the Adult section.)

Solicitation Offenders

Most of the research on internet offenders has focused on child pornography offenders. Less is known about the characteristics, contact offending history and recidivism risk posed by solicitation offenders and the extent to which they differ from child pornography offenders (who also use online technologies to commit their crimes) and contact sex offenders (who have actually attempted to make or have made physical contact with a victim). Also, little is known about offenders who use the internet to commit sex crimes against adults (e.g., using Craigslist or other online services to meet women whom they intend to sexually assault) or to commit conspiracy crimes (e.g., organizing child sex tourism to other jurisdictions, child pornography trading rings, “abuse on demand” via live streaming of images or video).

Internet-facilitated sexual offending includes various types of crimes, including possession, distribution and production of child pornography; sexual solicitations; and conspiracy crimes.

Internet Offending Types

Emerging research suggests that solicitation offenders are different from child pornography offenders in meaningful ways. In particular, child pornography offenders are likely to be pedophiles, whereas solicitation offenders appear to be predominantly interested in adolescent girls. This apparent difference might result from two different selection effects. First, individuals who are primarily interested in images of underage but sexually mature minors (e.g., girls aged 15–17) are less likely to be prosecuted because of the challenges in establishing the ages of the depicted minors, in contrast to the relatively straightforward prosecution of

someone in possession of images depicting prepubescent or pubescent children. Second, there may indeed be individuals interested in sexually soliciting younger children, but younger children are less likely to be on social networking and similar sites (many of which have age restrictions; e.g., Facebook has a minimum age criterion of 13, although this may be flouted by some younger children). This apparent difference in internet offender motivations may translate to differences in contact offending history, risk of recidivism and the likely targets of other criminal sexual behavior (young children versus adolescent minors).

Child pornography offenders are likely to be pedophiles.

Overlap With Contact Offending

Only one in eight internet offenders has an official record for contact offending, based on available studies (Seto, Hanson & Babchishin, 2011). The proportion goes up to approximately four in eight when self-reported offending is added, but this still falls short of the idea that most or all Internet offenders have already committed contact offenses. Internet offenders and conventional sex offenders are not synonymous groups. Indeed, a recent meta-analysis of 30 unique samples found theoretically and clinically important differences between these two groups, as well as a third group of dual offenders (Babchishin, Hanson & van Zuylen, 2015). Contact offenders scored higher on measures of antisocial tendencies, whereas child pornography and dual offenders were more likely to be score high on measures of pedophilia (with dual offenders even higher than child pornography only offenders). Reflecting opportunity to offend, contact offenders had access to children whereas child pornography offenders had more internet access.

Though the field is advancing rapidly, there is still an important need for more research on the relationship between internet and contact sexual offending. This includes research on the predictors of the onset of internet offending (for prevention and early intervention); risk factors for progressing from internet to contact offending, or vice versa; and differences between dual offenders and contact or internet offenders. More research is also needed on sexual solicitation offenders, as it is still the case that most of the work has focused on child pornography offending.

Risk of Reoffending

An analysis of nine available follow-up studies suggests that internet offenders, as a group, have a relatively low risk of reoffending compared to conventional contact sex offenders (based on official records, which are conservative estimates of recidivism because of reporting biases and other factors). This has implications for how to respond to internet offending, given that the risk principle of effective corrections would suggest that legal, policy and clinical responses to internet offenders should be proportional to risk. The minority of offenders who have a higher risk of reoffending — based on age, criminal history and other factors that are being identified in ongoing research — require different responses than offenders with no prior criminal history and clear evidence of stability and prosocial conduct in all other domains of their lives. Research distinguishing between different types of internet offenders will likely be helpful in this regard.

Intervention

More research on the onset and maintenance of internet sexual offending is needed to design effective interventions for those who require it. Existing interventions represent adaptations of current sex offender treatment models, which may or may not work for internet offenders. Although other areas require research attention, the area of intervention has the largest knowledge gaps.

Notes

1. Solicitation offenders have also been called “travelers” in previous research on this population, while child pornography offenders have been called “traders.” Briggs, Simon and Simonsen (2011), discussed in more detail later in the chapter, have distinguished between solicitation offenders who appear to be fantasy driven (restricting their sexual interactions to online behavior such as sexually explicit chat, exhibitionism via webcam, and/or transmission of pornography) and those who appear to be contact driven (whose online interactions are directed at arranging face-to-face meetings where sexual activities might take place).
2. A meta-analysis combines the results of many evaluations into one large study with many subjects.
3. The Butner Redux study by Bourke and Hernandez (2009), which is often cited in court proceedings pertaining to online offenders, was a statistical outlier in the Seto, Hanson and Babchishin (2011) meta-analysis. This indicates that the study found an unusually high prevalence of contact offending history: 24 percent of the sample of 155 child pornography offenders had a known history of contact offending prior to treatment; however, following treatment (and polygraph examination for approximately half of the sample), 85 percent admitted to contact offenses or had an official contact offense history.

References

- American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed. revised. Arlington, VA: American Psychiatric Association.
- Andrews, D.A. & Bonta, J. (2006). *The Psychology of Criminal Conduct*, 4th ed. Cincinnati, OH: Anderson.
- Babchishin, K.M., Hanson, R.K. & VanZuylen, H. (2015). Online child pornography offenders are different: A meta-analysis of the characteristics of online and offline sex offenders against children. *Archives of Sexual Behavior*, 44, 45–66.
- Beier, K.M., Grundmann, D., Kuhle, L.F., Scherner, G., Konrad, A. & Amelung, T. (2015). The German Dunkelfeld Project: A pilot study to prevent child sexual abuse and the use of child abusive images. *Journal of Sexual Medicine*, 12, 529–542.
- Beier, K.M., Neutze, J., Mundt, I.A., Ahlers, Ch.J., Goecker, D. Konrad, A. & Schaefer, G.A. (2009). Encouraging self-identified pedophiles and hebephiles to seek professional help: First results of the Berlin Prevention Project Dunkelfeld (PPD). *Child Abuse & Neglect*, 33, 545–549.
- Blanchard, R., Kolla, N.J., Cantor, J.M., Klassen, P.E., Dickey, R., Kuban, M.E. & Blak, T. (2007). IQ, handedness and pedophilia in adult male patients stratified by referral source. *Sexual Abuse: A Journal of Research and Treatment*, 19, 285–309.
- Bourke, M.L. & Hernandez, A.E. (2009). The “Butner Study” redux: A report of the incidence of hands-on child victimization by child pornography offenders. *Journal of Family Violence*, 24, 183–191.
- Briggs, P., Simon, W.T. & Simonsen, S. (2011). An exploratory study of internet-initiated sexual offenses and the chat room sex offender: Has the internet enabled a new typology of sex offender? *Sexual Abuse: A Journal of Research and Treatment*, 23, 72–91.
- Burgess, A.W., Carretta, C.M. & Burgess, A.G. (2012). Patterns of federal internet offenders: A pilot study. *Journal of Forensic Nursing*, 8, 112–121.

Buschman, J. & Bogaerts, S. (2009). Polygraph testing Internet offenders. In D. Wilcox (Ed.), *The Use of the Polygraph in Assessing, Treating and Supervising Sex Offenders: A Practitioner's Guide* (pp. 111–126). Hoboken, NJ: Wiley-Blackwell.

Buschman, J., Bogaerts, S., Foulger, S., Wilcox, D., Sosnowski, D. & Cushman, B. (2010). Sexual history disclosure polygraph examinations with cybercrime offences: A first Dutch explorative study. *International Journal of Offender Therapy and Comparative Criminology*, *54*, 395–411. doi: 10.1177/0306624X09334942.

Collins, M. (2012). Testimony of Michelle Collins Before the U.S. Sentencing Commission. Retrieved from: www.ussc.gov/Legislative_and_Public_Affairs/Public_Hearings_and_Meetings/20120215-16/Testimony_15_Collins.pdf.

Eke, A.W. & Seto, M.C. (2012). Risk assessment of online offenders for law enforcement. In K. Ribisl & E. Quayle (Eds.), *Internet Child Pornography: Understanding and Preventing On-line Child Abuse* (pp. 148–168). Devon, England: Willan.

Eke, A.W., Seto, M.C. & Williams, J. (2011). Examining the criminal history and future offending of child pornography offenders: An extended prospective follow-up study. *Law and Human Behavior*, *35*, 466–478.

Faust, E., Renaud, C. & Bickart, W. (2009). Predictors of re-offense among a sample of federally convicted child pornography offenders. Paper presented at the 28th annual conference of the Association for the Treatment of Sexual Abusers, Dallas, TX.

Finkelhor, D. & Jones, L. (2006). Why have child maltreatment and child victimization declined? *Journal of Social Issues*, *62*, 685–716.

Hanson, R.K. & Morton-Bourgon, K. (2005). The characteristics of persistent sex offenders: A meta-analysis of recidivism studies. *Journal of Consulting and Clinical Psychology*, *73*, 1154–1163.

Harris, A., Phenix, A., Hanson, R.K. & Thornton, D. (2003). *Static-99 Coding Rules Revised–2003*. Ottawa, ON: Solicitor General Canada. Retrieved from: http://static99.org/pdfdocs/static-99-coding-rules_e.pdf.

Henry, O., Mandeville-Norden, R., Hayes, E. & Egan, V. (2010). Do internet-based sex offenders reduce to normal, inadequate and deviant groups? *Journal of Sexual Aggression*, *16*, 33–46.

International Centre for Missing & Exploited Children (2010). *Child Pornography: Model Legislation & Global Review*, 6th ed. Alexandria, VA: International Centre for Missing & Exploited Children.

Jahnke, S., Imhoff, R. & Hoyer, J. (2015). Stigmatization of people with pedophilia: Two comparative surveys. *Archives of Sexual Behavior*, *44*, 21–34.

Jenkins, P. (2001). *Beyond Tolerance: Child Pornography on the Internet*. New York: New York University Press.

Krueger, R.B., Kaplan, M.S. & First, M.B. (2009). Sexual and other Axis I diagnoses of 60 males arrested for crimes against children involving the internet. *CNS Spectrum*, *14*, 623–631.

Lee, A.F., Li, N.-C., Lamade, R., Schuler, A. & Prentky, R.A. (2012). Predicting hands-on child sexual offenses among possessors of internet child pornography. *Psychology, Public Policy and Law*, *18*, 644–672.

Long, M.L., Alison, L.A. & McManus, M.A. (2013). Child Pornography and Likelihood of Contact Abuse A Comparison Between Contact Child Sexual Offenders and Noncontact Offenders. *Sexual Abuse: A Journal of Research and Treatment*, 25, 370–395.

McCarthy, J.A. (2010). Internet sexual activity: A comparison between contact and non-contact child pornography offenders. *Journal of Sexual Aggression*, 16, 181–195.

McGrath, R.J., Cumming, G.F., Burchard, B.L., Zeoli, S. & Ellerby, L. (2009). *Current Practices and Emerging Trends in Sexual Abuser Management: The Safer Society 2009 North American Survey*. Brandon, VT: Safer Society Press. Retrieved from: <http://bit.ly/fkLYTb>.

Merdian, H.L., Curtis, C., Thakker, J., Wilson, N. & Boer, D.P. (2013). The three dimensions of online child pornography offending. *Journal of Sexual Aggression*, 19(1), 121–132.

Middleton, D. & Hayes, E. (2006). *Internet Sex Offender Treatment Programme Theory Manual*. London: NOMS Interventions Unit, Ministry of Justice.

Middleton, D., Mandeville-Norden, R. & Hayes, E. (2009). Does treatment work with internet sex offenders? Emerging findings from the Internet Sex Offender Treatment Programme (i-SOTP). *Journal of Sexual Aggression*, 15, 5–19.

Mishra, S. & Lalumière, M.L. (2009). Is the crime drop of the 1990s in Canada and the USA associated with a general decline in risky and health-related behaviors? *Social Science and Medicine*, 68, 39–48.

Mitchell, K.J., Jones, L.M., Finkelhor, D. & Wolak, J. (2011). Internet-facilitated commercial sexual exploitation of children: Findings from a nationally representative sample of law enforcement agencies in the United States. *Sexual Abuse: A Journal of Research and Treatment*, 23, 43–71.

Mitchell, K.J., Wolak, J. & Finkelhor, D. (2005). Police posing as juveniles online to catch sex offenders: Is it working? *Sexual Abuse: A Journal of Research and Treatment*, 17, 241–267.

Motivans, M. & Kyckelhahn, T. (2007). *Federal Prosecution of Child Sex Exploitation Offenders, 2006*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

Neutze, J., Seto, M.C., Schaefer, G.A., Mundt, I.A. & Beier, K.M. (2011). Predictors of child pornography offenses and child sexual abuse in a community sample of pedophiles and hebephiles. *Sexual Abuse: A Journal of Research and Treatment*, 23, 212–242.

Quayle, E. & Jones, T. (2011). Sexualized images of children on the internet. *Sexual Abuse: A Journal of Research and Treatment*, 23, 7–21.

Riegel, D.L. (2004). Effects on boy-attracted pedosexual males of viewing boy erotica [letter to the editor]. *Archives of Sexual Behavior*, 33, 321–323.

Seto, M.C. (2008). *Pedophilia and Sexual Offending Against Children: Theory, Assessment, and Intervention*. Washington, DC: American Psychological Association.

Seto, M.C. (2010). Child pornography use and Internet solicitation in the diagnosis of pedophilia [letter to the editor]. *Archives of Sexual Behavior*, 39, 591–593.

- Seto, M.C. (2013). *Internet sex offenders*. Washington, DC: American Psychological Association.
- Seto, M.C., Cantor, J.M. & Blanchard, R. (2006). Child pornography offenses are a valid diagnostic indicator of pedophilia. *Journal of Abnormal Psychology, 115*, 610–615.
- Seto, M.C. & Eke, A.W. (2005). The future offending of child pornography offenders. *Sexual Abuse: A Journal of Research and Treatment, 17*, 201–210.
- Seto, M.C. & Eke, A.W. (2015). Predicting recidivism among adult male child pornography offenders: Development of the Child Pornography Offender Risk Tool (CPORT). *Law and Human Behavior, 39*, 416–429.
- Seto, M.C. & Hanson, R.K. (2011). Introduction to special issue on internet-facilitated sexual offending. *Sexual Abuse: A Journal of Research and Treatment, 23*, 3–6.
- Seto, M.C., Hanson, R.K. & Babchishin, K.M. (2011). Contact sexual offending by men arrested for child pornography offenses. *Sexual Abuse: A Journal of Research and Treatment, 23*, 124–145.
- Seto, M.C., Maric, A. & Barbaree, H.E. (2001). Role of pornography in the etiology of sexual aggression. *Aggression and Violent Behavior, 6*(1), 35–53.
- Seto, M.C., Reeves, L. & Jung, S. (2010). Motives for child pornography offending: The explanations given by the offenders. *Journal of Sexual Aggression, 16*, 169–180.
- Seto, M.C., Sandler, J.C. & Freeman, N.J. (2015). The revised Screening Scale for Pedophilic Interests: Predictive and concurrent validity [online first]. *Sexual Abuse: A Journal of Research and Treatment*.
- Seto, M.C., Stephens, S., Lalumière, M.L. & Cantor, J.M. (2015). The revised Screening Scale for Pedophilic Interests (SSPI-2): Development and criterion-related validation [online first]. *Sexual Abuse: A Journal of Research and Treatment*.
- Seto, M.C., Wood, J.M., Babchishin, K.M. & Flynn, S. (2012). Online solicitation offenders are different from child pornography offenders and lower risk contact sexual offenders. *Law and Human Behavior, 36*, 320–330.
- Thornton, D. (2007). Scoring Guide for the Risk Matrix 2000.9/SVC, February 2007 Version. Retrieved from: <http://www.birmingham.ac.uk/Documents/college-les/psych/RM2000scoringinstructions.pdf>.
- U.S. Department of Justice (2010). *The National Strategy for Child Exploitation Prevention and Interdiction: A Report to Congress*. Washington, DC: U.S. Department of Justice. Retrieved from: projectsafefchildhood.gov/docs/natstrategyreport.pdf.
- Wakeling, H.C., Howard, P. & Barnett, G. (2011). Comparing the validity of the RM2000 scales and OGR53 for predicting recidivism by Internet sex offenders. *Sexual Abuse: A Journal of Research and Treatment, 23*, 146–168.
- Wolak, J. (2012). *Statement to the US Sentencing Commission Public Hearing on Federal Child Pornography Offenses*. Durham, NH: Crimes Against Children Research Center. Retrieved from: www.ussc.gov/Legislative_and_Public_Affairs/Public_Hearings_and_Meetings/20120215-16/Testimony_15_Wolak.pdf.

Wolak, J., Finkelhor, D. & Mitchell, K. (2004). Internet-initiated sex crimes against minors: Implications for prevention based findings from a national study. *Journal of Adolescent Health, 35*, 11–20.

Wolak, J., Finkelhor, D. & Mitchell, K.J. (2009). *Law Enforcement Responses to Online Child Sexual Exploitation Crimes: The National Online Juvenile Victimization Study, 2000 & 2006*. Durham, NH: Crimes Against Children Research Center.

Wolak, J., Finkelhor, D. & Mitchell, K.J. (2011). Child pornography possessors: Trends in offender and case characteristics. *Sexual Abuse: A Journal of Research and Treatment, 23*, 22–42.

Wolak, J., Finkelhor, D., Mitchell, K.J. & Ybarra, M.L. (2008). Online “predators” and their victims: Myths, realities and implications for prevention and treatment. *American Psychologist, 63*, 111–128.

Wolak, J., Mitchell, K. & Finkelhor, D. (2006). *Online Victimization of Youth: Five Years Later*. Alexandria, VA: National Center for Missing & Exploited Children.

Chapter 5: Adult Sex Offender Recidivism

by Roger Przybylski

FINDINGS

- ◆ Observed recidivism rates of sex offenders are underestimates of actual reoffending.
- ◆ Measurement variations across studies (operational definitions, length of the follow-up period, populations being studied, methods used) often produce disparate findings.
- ◆ Sexual recidivism rates range from 5 percent after three years to 24 percent after 15 years.
- ◆ The rates of recidivism for general crime are higher than those for sex crimes.
- ◆ Different types of sex offenders have different rates of recidivism.

Introduction

Recidivism has been conceptually defined as the reversion to criminal behavior by an individual who was previously convicted of a criminal offense (Maltz, 2001). It reflects both the individual's recurrent failure to abide by society's laws and the failure of the criminal justice system to "correct" the individual's law-breaking behavior (Maltz, 2001). While the etiology of criminal behavior is complex (see Chapter 2: "Etiology of Adult Sexual Offending," in the Adult section) and recidivism results from a range of personal and social factors, it is important to recognize that recidivism is not simply another term for repeat offending. Rather, it refers to the recurrence of illegal behavior after an individual experiences legal consequences or correctional interventions imposed, at least in part, to eliminate that behavior or prevent it from occurring again (Henslin, 2008).¹

While recidivism has long been a concern of criminal justice practitioners and policymakers, it has received renewed attention in recent years due to the record number of convicted offenders living in our communities.² Research has demonstrated that repeat offenders account for a disproportionate amount of crime and that offenders released from prison are arrested at rates 30 to 45 times higher than the general population (Rosenfeld, Wallman & Formango, 2005). As a result, there is widespread recognition that recidivism has a direct impact on public safety and that recidivism reduction should be a key goal of the criminal justice system. This is particularly true with regard to crimes that are sexual in nature, given their impact on individual victims and the larger community (see Chapter 1: "Incidence and Prevalence of Sexual Offending," in the Adult section).

Unfortunately, recidivism remains a difficult concept to measure, especially in the context of sex offenders. The surreptitious nature of sex crimes, the fact that few sexual offenses are reported to authorities and variation in the ways researchers calculate recidivism rates all contribute to the problem.

The measurement problems found in sex offender recidivism research no doubt have contributed to a lack of consensus among researchers regarding the proper interpretation of some research findings and the validity of certain conclusions. While there is broad agreement that observed recidivism rates are not true reoffense

rates, the magnitude of the gap between observed and actual reoffending, the propensity of sex offenders to reoffend over the life course and whether it is valid to characterize sex offender recidivism rates as low or high are examples of key issues that are subject to divergent viewpoints.³ While debate concerning the interpretation and policy implications of research findings occurs in many public safety areas, it is both pronounced and ongoing in the context of sex offender recidivism.

Despite the limitations and controversies outlined above, research findings on the extent of sex offender recidivism can help policymakers and practitioners in several meaningful ways: 1) they can provide an empirical basis for better understanding the differential public safety risks posed by different types of convicted sex offenders, 2) they can help identify the risk factors that are related to recidivism and 3) they can help policymakers and practitioners design and deliver more tailored and effective recidivism reduction strategies. (For a discussion of adult “Sex Offender Risk Assessment,” see Chapter 6 in the Adult section.)

Knowledge about general recidivism, in addition to sexual recidivism specifically, is important because **many sex offenders engage in both sexual and nonsexual criminal behavior**. Research has shown that sex offenders are more likely to recidivate with a nonsexual offense than a sexual offense (see, e.g., Hanson & Bussière, 1998). Studies have also shown that some crimes legally labeled as nonsexual in the criminal histories of sex offenders may indeed be sexual in their underlying behavior (Doren, 2010; Rice et al., 2006; Heil et al., 2009). Rice and colleagues, for example, reported that “Murder and kidnapping are clear examples of apparently nonsexual violent crimes that, when perpetrated by sex offenders, are usually sexually motivated” (2006, p. 526). In addition, a charge or conviction that appears in a criminal history record might not reflect underlying sexual motivation for the crime due to plea bargaining.

Information about the recidivism rates of different types of sex offenders is equally important. Although sex offenders are often viewed as a homogenous group by the public, they are in reality a diverse mixture of individuals who have committed an array of illegal acts, ranging from noncontact offenses such as exhibitionism to violent sexual assaults (Center for Sex Offender Management [CSOM], 2001). Disaggregating sex offenders in recidivism research unmask important differences in both the propensity to reoffend and the factors associated with reoffending for different types of individuals who have committed sexual crimes.

Issues to Consider

Numerous scholars have described the key measurement issues that can affect findings from sex offender recidivism research. Rather than reviewing these issues in their entirety or discussing them in depth, the most important matters that policymakers and practitioners should be concerned with are briefly summarized below.

Recidivism Rates Are Not True Reoffense Rates

Recidivism rates are typically based on officially recorded information, such as an arrest, criminal conviction or incarceration. Because these official statistics reflect only offenses that come to the attention of authorities, they are a diluted measure of reoffending. **Research has clearly demonstrated that many sex offenses are never reported to authorities**. For example, Bachman (1998) found that only about one in four rapes or sexual assaults were reported to police. More recently, Tjaden and Thoennes (2006) found that only 19 percent of women and 13 percent of men who were raped since their 18th birthday reported the rape to the police. Several studies of victims have shown that the likelihood that a sexual assault will be reported to law enforcement decreases with the victim’s age (Kilpatrick, Saunders & Smith, 2003; Sorenson & Snow, 1991).⁴

It is also important to recognize that, once reported to law enforcement, only a subset of sex offenses result in the arrest of the perpetrator. Grotzinger and Elliot (2002) found that only 2.5 percent of sexual assaults and 10 percent of serious sexual assaults resulted in an arrest and Snyder (2000) found that an arrest was made in only 29 percent of reported juvenile sexual assaults. In addition, a number of studies have found that sex offenders disclose in treatment or in surveys that they had committed a large number of sex crimes before they were first caught or arrested. Abel and his colleagues interviewed paraphiliacs (i.e., those with a diagnosed psychosexual disorder) under conditions of guaranteed confidentiality and found that only 3.3 percent of their self-admitted hands-on sex offenses, such as rape and child molestation, resulted in an arrest (Abel et al., 1988). Simons, Heil and English (2004) found that only 5 percent of rapes and child sexual assaults self-reported during prison treatment were identified in official records. Likewise, another study found that only 1 percent of contact and noncontact sexual offenses self-reported during treatment were identified in official records (Ahlmeyer et al., 2000).

Studies also have demonstrated a “disproportionate and patterned attrition of sexual offenses and sexual offenders from the criminal justice process” (Larcombe, 2012, p. 482). While case attrition (the dropping of a legal case by authorities, for various reasons) occurs for all types of offenses, it appears to be particularly pronounced for sexual crime and offenders (Gelb, 2007). Moreover, certain types of sexual crimes and offenders are more likely to be subject to criminal justice system processing and ultimately conviction, and these cases are not representative of sexual offenses or sexual offenders overall (Lievore, 2004; Kelly, Lovett & Regan, 2005). As Larcombe (2012, p. 482) points out, police, prosecutors, jurors and the community tend to take more seriously those assaults that are “clearly interpretable as violence” and “least similar to potentially appropriate sex.” Further, among all sexual offenders, those who have had “prior contact with the police” and those who have assaulted “children, male victims and female victims who are strangers” are most likely to be arrested, charged and prosecuted (Larcombe, 2012, p. 493; Statewide Steering Committee to Reduce Sexual Assault [SSCRSA], 2006; Kelly, Lovett & Regan, 2005; Temkin & Krahe, 2008). Research indicates that victim characteristics can also play a role in attrition. For example, females who are young, who have disabilities or who are members of other vulnerable populations have been found to be “proportionally overrepresented as victims of rape” yet underrepresented among rape cases processed in the criminal justice system (Larcombe, 2012, p. 489; SSCRSA, 2006). This systematic and patterned attrition of sexual offenses within the criminal justice system ensures that the relatively small number of sex crimes that are reported, prosecuted and ultimately result in conviction do not reflect “the most common or injurious forms of sexual violence experienced by women and children” (Larcombe, 2012, p. 483). Hence, findings from recidivism studies need to be interpreted within the context of sexual assault incidence, prevalence and attrition research.

Due to the frequency with which sex crimes are not reported to police, the disparity between the number of sex offenses reported and those solved by arrest and the disproportionate attrition of certain sex offenses and sex offenders within the criminal justice system, **researchers widely agree that observed recidivism rates are underestimates of the true reoffense rates of sex offenders.** Hidden offending presents significant challenges for professionals working in sex offender management as it is difficult to know whether offenders who appear to be nonrecidivists based on official records are truly offense free. (For more on “Sex Offender Management Strategies,” see Chapter 8 in the Adult section.) In addition, perceptions of the public safety risk associated with sex crimes and certain sexual offenders may be distorted when they are based solely on crime and on offender profiles identified in official records.

Recidivism Rate Measurements Vary by Study

Even though the basic meaning of recidivism is clear-cut, recidivism rates are often measured differently from one study to the next. Different ways of measuring recidivism rates can produce substantially different results, and comparing rates that were derived in different ways can lead to inaccurate conclusions. Some of the most common ways in which measurement variation occurs in recidivism research are summarized below.

Measurement variation across studies can produce disparate findings regarding the recidivism rates of sex offenders.

Operational Definition of Recidivism

An operational definition states in very concrete terms precisely how something is to be measured. When researchers operationally define recidivism for a study, they must specify the event that constitutes recidivism — such as an arrest, a conviction or a return to prison. In some studies, recidivism is defined as an arrest during the follow-up period; in others, recidivism may be defined as a conviction for a criminal offense or a return to prison for a new crime.⁵ There are various reasons why one definition might be used in lieu of others in a particular study, but it is critically important to recognize that different operational definitions of recidivism produce different research findings (CSOM, 2001).

Length of Follow-up Period

The length of time an offender is tracked to determine if recidivism occurred also can vary from one study to the next. Recidivism rates will naturally increase as offenders are followed for longer time periods because there is more time when they are at risk to reoffend and more time for recidivism to be detected. Hence, policymakers and practitioners should always be cognizant of the length of the follow-up period when interpreting recidivism rate research findings. They also should recognize that analyses that fail to standardize the time at risk for everyone in a given group of offenders being studied may further undercount recidivism because some offenders will not have been at risk for the entire follow-up period.⁶

Populations Studied

Variation in the types of offenders studied is common in recidivism research, and studies of sex offender recidivism are no exception (Maltz, 2001). For example, some recidivism studies focus on offenders released or paroled from prison, while others focus on offenders discharged from probation. Because offenders released from prison typically have a more serious criminal history than probationers, and criminal history is related to recidivism, recidivism rates are likely to be higher for prison releasees than for probationers (Przybylski, 1986). In addition, parolees may be subject to more behavioral constraints than probationers, resulting in higher recidivism rates due to technical violations of the conditions of release (Maltz, 2001). Additionally, some prisoners are released without parole supervision. Because differences such as these can affect observed recidivism rates, policymakers and practitioners who use findings from recidivism rate research should exercise caution when comparing the recidivism rates of markedly different populations (Maltz, 2001).

Methods Used

Most recidivism studies search for new recorded criminal events and place offenders without the new events in the nonrecidivism category. Heil and colleagues (2009) conducted a recidivism study that accounted for every offender and excluded from the final calculations those who moved out of state, who died or whose residence could not be verified. This reduced the sample size by more than 17 percent, all of whom would have been calculated as “nonrecidivists” in traditional studies. Not surprisingly, one- and five-year recidivism rates for this group of 1,124 prisoners were higher than those reported in many other studies that used follow-up periods that were similar in length. The one- and five-year recidivism rates found by the researchers were, respectively: 3.9 percent and 10.8 percent for a sex crime rearrest, 26.3 percent and 38.1 percent for a violent crime rearrest and 52.6 percent and 77.7 percent for any arrest.

Recidivism Research Findings

Empirical data on the recidivism rates of sex offenders come from two broad categories of research: single studies and meta-analysis. Single studies typically track one or more cohorts of sex offenders following an arrest, discharge from probation or release from prison to determine the proportion rearrested, reconvicted or returned to prison within a specified period of time.⁷ Meta-analysis is fundamentally different. It employs statistical procedures that combine the results of many single studies into one large study with many subjects. By pooling the original studies, meta-analysis counteracts a common methodological problem in research — small sample sizes — thereby helping the analyst to draw more accurate conclusions. Meta-analysis is especially useful when synthesizing the results of studies that use different types of measures, which is a common occurrence in recidivism research, because one of the summary statistics meta-analysis can generate in recidivism research is the average recidivism rate across studies. This can help make sense of single-study findings derived from different operational definitions of recidivism or different follow-up period lengths. While these two types of research — individual studies and meta-analysis — are fundamentally different, they both have produced useful information on the recidivism rates of sex offenders, and findings from both types of research are presented below.⁸

Recidivism Rates: All Sex Offenders

Perhaps the largest single study of sex offender recidivism conducted to date was carried out by Langan, Schmitt and Durose (2003). The study, which was published by the U.S. Department of Justice, Bureau of Justice Statistics, examined the recidivism patterns of 9,691 male sex offenders released from prisons in 15 states in 1994. These offenders accounted for about two-thirds of all male sex offenders released from state prisons in the United States that year. Using a three-year postrelease follow-up period, rearrest and reconviction rates for sexual and other crimes were reported for the entire sample of sex offenders as well as for different categories of sex offenders.

The researchers found a sexual recidivism rate of 5.3 percent for the entire sample of sex offenders based on an arrest during the three-year follow-up period. The violent and overall arrest recidivism rates for the entire sample of sex offenders were much higher; 17.1 percent of sex offenders were rearrested for a violent crime and 43 percent were rearrested for a crime of any kind during the follow-up period. Of the 9,691 sex offenders released from prison in 1994, 3.5 percent were reconvicted for a sex crime and about one-quarter (24 percent) were reconvicted for an offense of any kind during the follow-up period. Nearly four out of every 10 (38.6 percent) sex offenders in the study were returned to prison within three years of their release due to the commission of a new crime or a technical violation of their release conditions.

As part of their study, Langan, Schmitt and Durose (2003) conducted a comparative analysis of recidivism among sex offenders and nonsex offenders. Findings were based on the three-year postrelease offending of 9,691 sex offenders and 262,420 nonsex offenders released from prison in 1994. The analysis revealed that once released, the sex offenders had a lower overall rearrest rate than nonsex offenders (43 percent compared to 68 percent), but their sex crime rearrest rate was four times higher than the rate for nonsex offenders (5.3 percent compared to 1.3 percent). Similar patterns are consistently found in other studies that compare sex offender and nonsex offender recidivism (see, e.g., Sample & Bray, 2003; Hanson, Scott & Steffy, 1995).

Another important study, because of its large sample size, was conducted by Sample and Bray (2003). The researchers examined the arrest recidivism of 146,918 offenders who were originally arrested in Illinois in 1990. Arrestees categorized as sex offenders (based on their most serious charge in 1990 being a sex offense) had one-year, three-year and five-year rearrest rates for a new sexual offense of 2.2 percent, 4.8 percent and 6.5 percent, respectively.⁹ The three-year sexual recidivism rate of 4.8 percent for these sex offender arrestees was similar to the three-year rate (5.3 percent) that Langan, Schmitt and Durose (2003) reported for sex offenders released from prison in 1994.

Sex offenders in the Sample and Bray study had one-year, three-year and five-year rearrest rates for any new offense of 21.3 percent, 37.4 percent and 45.1 percent, respectively. These overall recidivism rates were lower than those found for all other categories of offenders in the analysis, except homicide and property damage offenders. But like Langan, Schmitt and Durose (2003), Sample and Bray found that sex offenders had a higher sexual recidivism rate than all other categories of offenders. Sample and Bray (2003, p. 72) concluded —

Sex offenders in Illinois do not appear to commit future offenses, in general, at a higher rate than do other offenders. However, they may have higher levels of recidivism for their crimes than other types of offenders exhibit for their particular offenses.

Another important study because of its large sample size and extended follow-up period was conducted by Harris and Hanson (2004). The research employed a combined sample of 4,724 sex offenders drawn from 10 prior studies; seven of the studies involved sex offenders in Canada, two involved sex offenders in the United States and one involved sex offenders in the United Kingdom. All of the 4,724 sex offenders in the Harris and Hanson analysis were released from correctional institutions, except for 202 Canadian sex offenders who were placed on probation and 287 American sex offenders who received community-based sentences in Washington state.

Harris and Hanson generated recidivism estimates based on new charges or convictions for sexual offenses using five-, 10- and 15-year follow-up periods for several categories of sex offenders. The five-year sexual recidivism estimate for all sex offenders in the analysis was 14 percent. The 10- and 15-year sexual recidivism rate estimates for all sex offenders were 20 percent and 24 percent, respectively. Using the same data set, Hanson, Morton and Harris (2003) reported that the 20-year sexual recidivism rate for the sample was 27 percent.

One of the most important findings that emerged from the Harris and Hanson (2004) analysis was that the 15-year sexual recidivism rate for offenders who already had a prior conviction for a sexual offense was nearly twice that for first-time sex offenders (37 percent compared to 19 percent). Another important finding was that the rate of reoffending decreased the longer offenders had been offense-free. While 14 percent of the offenders in the analysis were sexual recidivists after five years of follow-up, only 7 percent of the offenders who were offense-free at that time sexually recidivated during the next five follow-up years. For offenders who were offense-free after 15 years, the observed sexual recidivism rate was only 4 percent over an additional five years of follow-up.

Hanson and colleagues (2009) conducted a meta-analysis of 23 recidivism outcome studies to determine whether the risk, need and responsivity principles associated with effective interventions for general offenders also apply to sex offender treatment.¹⁰ (For more on intervention principles, see Chapter 7: “The Effectiveness of Treatment for Adult Sex Offenders,” in the Adult section.) This meta-analysis produced an average sexual recidivism rate of 10.9 percent for treated offenders and 19.2 percent for untreated comparison offenders, based on an average follow-up period of 4.7 years.¹¹ The average overall recidivism rate (for any crime) was 31.8 percent for treated sex offenders and 48.3 percent for untreated comparison subjects.

An earlier meta-analysis of 43 sex offender treatment effectiveness studies found somewhat similar results (Hanson et al., 2002).¹² The average sexual recidivism rate based on an average follow-up period of 46 months was 12.3 percent for treated sex offenders and 16.8 percent for untreated sex offenders. The average overall recidivism rate was 27.9 percent for treated sex offenders and 39.2 percent for untreated sex offenders.

One of the largest meta-analyses of studies of the effectiveness of sex offender treatment was conducted by Lösel and Schmucker (2005). The analysis included 69 independent studies and a combined total of 22,181 subjects.¹³ The researchers found an average sexual recidivism rate of 11.1 percent for treated sex offenders and 17.5 percent for untreated sex offenders based on an average follow-up period of slightly more than five years.¹⁴ The average recidivism rate for any crime was 22.4 percent for treated sex offenders and 32.5 percent for untreated sex offenders.

In 2015, Schmucker and Lösel published an update of their original study using more recent research and a slightly different, but arguably more robust methodology. Overall, 29 independent comparisons containing a total of 4,939 treated and 5,448 untreated sexual offenders were included in the analysis and all of the comparisons were based on equivalent treatment and control groups. The researchers found that treated offenders had a mean sexual recidivism rate of 10.1 percent, and that without treatment the recidivism rate would have been 13.7 percent. Treated offenders in the analysis had a general recidivism rate of 32.6 percent on average compared to an expected general recidivism rate of 41.2 percent without treatment.¹⁵ Finally, it should be noted that of the 29 studies, five involved adolescents, while the specific population (adult or juvenile) was unclear in 10 studies.

Each of the meta-analyses highlighted above was undertaken to assess the effectiveness of sex offender treatment. (For a discussion of “The Effectiveness of Treatment for Adult Sex Offenders,” see Chapter 7 in the Adult section.) All of these studies found positive treatment effects, but what is most relevant is the consistent finding across studies that sex offenders are far more likely to recidivate with a nonsexual rather than a sexual crime. Several single studies that have been undertaken to evaluate treatment effectiveness, and several meta-analyses that have been undertaken for other reasons, have produced similar findings.

For example, McGrath and colleagues (2007) compared a group of 104 adult male sex offenders who received treatment, supervision and periodic polygraph exams with a matched group of 104 sex offenders who received the same type of treatment and supervision services but no polygraph exams. Based on a five-year follow-up period, 5.8 percent of the offenders in the group that received polygraph testing and 6.7 percent of the offenders in the group that did not receive polygraph testing were charged with a new sex offense. The general recidivism rates for the polygraph and nonpolygraph groups (39.4 percent and 34.6 percent, respectively) were more than five times higher than each group’s sexual recidivism rate.

In a study employing an even larger sample (403 treated and 321 untreated sex offenders) and an average follow-up period of 12 years, Hanson, Broom and Stephenson (2004) reported sexual recidivism rates of 21.1 percent for the treated offenders and 21.8 percent for the untreated offenders. The general and violent recidivism rates for both groups were more than double their sexual recidivism rates. Treated sex offenders had a violent crime recidivism rate of 42.9 percent and an overall recidivism rate of 56.6 percent. Untreated sex offenders in the study had a violent crime recidivism rate of 44.5 percent and an overall recidivism rate of 60.4 percent.

Olver, Nicholaichuk, Gu and Wong (2012, p.406) also reported sexual and violent crime recidivism rates in their study of sex offender treatment outcomes in a cohort of sex offenders released from prison in Canada. Based on a mean post-release follow-up period of 11.7 years, the researchers reported sexual recidivism rates of 10.7 percent for treated sex offenders ($n = 616$) and 20.2 for untreated sex offenders ($n = 104$). Violent crime recidivism rates for the treated and untreated groups were 26.5 percent and 44.2 percent, respectively. Again, these rates are more than two times higher than those found for sexual recidivism.

Tewksbury, Jennings and Zgoba (2012) examined sexual and general recidivism as part of a larger study primarily focused on the impact of sex offender registration and notification (SORN). The study involved a sample of 247 sex offenders released from prison in New Jersey from 1990–94 (prior to the implementation of SORN) and 248 sex offenders released during the years 1995–99 (after SORN implementation). Based on an eight-year follow-up period, the researchers reported sexual recidivism rates of 13 percent and 9.7 percent for the pre- and post-SORN releasees, respectively. General recidivism rates of 51.4 percent for the pre-SORN releasees and 48 percent for the post-SORN releasees were also reported. The researchers also found “two distinct general recidivism trajectories” for the entire study sample: a “low-risk trajectory group and a high-risk trajectory group.” The low-risk trajectory was by far the most prevalent trajectory for both pre- and post-SORN releasees,

as it applied to roughly eight out of every 10 in both release groups. In discussing their findings, Tewksbury and colleagues (2012, p. 32, 35–36) stated —

The sex offenders in the low-risk trajectories on average did not accumulate greater than approximately one-tenth of an arrest in any of the eight years following their release from prison for a sex offense. ... Comparatively, the pre- and post-SORN high-risk trajectories (17.7% and 20.5% respectively) indicate that among those sex offenders who demonstrate high-risk of recidivism post-prison release, that the majority of these sex offenders recidivate early on and there is a noticeable increase in their frequency of recidivism from year 1 to year 2 post-release.

More recently, Mercado and colleagues (2013) examined the recidivism rates of sexual offenders as part of a larger study of sex offender management, treatment effectiveness and civil commitment. The researchers reported that both treated and untreated offenders in the study had recidivism rates of 5 percent based on reconviction for a new sexual offense over an average 6.5-year follow-up period. By comparison, the general recidivism rates reported for treated and untreated sex offenders in the study were 25 percent and 51.7 percent, respectively.

Several studies that have examined the recidivism rates of sex offenders across multiple time periods also are worth noting. Olver, Wong and Nicholaichuk (2008), for example, conducted a treatment outcome study that examined sexual reconviction rates for 472 treated and 282 untreated sex offenders using three-, five- and 10-year follow-up periods. For the treated sex offenders, the researchers found sexual reconviction rates of 11.1 percent after three years of follow-up, 16.9 percent after five years of follow-up and 21.8 percent after 10 years of follow-up. Sexual reconviction rates for the untreated sex offenders were 17.7 percent after three years, 24.5 percent after five years and 32.3 percent after 10 years of follow-up.

Durose, Cooper and Snyder (2014) reported a similar pattern for overall recidivism rates in their large scale recidivism analysis involving 404,638 inmates released from state prisons in 2005 in 30 states. Durose and colleagues reported that inmates who had been incarcerated specifically for rape or sexual assault had an overall recidivism rate based on a new arrest of 21.9 percent one year after release. By comparison, the overall recidivism rate for these sex offenders was 50.9 percent three years after release and 60.1 percent five years after release.

Findings from these studies, like those from the Harris and Hanson (2004) analysis, demonstrate how the **recidivism rates of sex offenders increase as follow-up periods become longer**. In the study conducted by Harris and Hanson (2004), sexual recidivism rates increased from 14 percent after five years of follow-up to 24 percent after 15 years of follow-up. In the study conducted by Olver, Wong and Nicholaichuk (2008), sexual recidivism rates for treated offenders increased from 11.1 percent after three years of follow-up to 21.8 percent after 10 years of follow-up. In a somewhat older study, Hanson, Scott and Steffy (1995) found that first-time recidivism for a sexual/violent crime occurred between 10 and 31 years into follow-up for 10 percent of a sample of 191 child molesters released from a Canadian prison.¹⁶

While higher recidivism rates should be expected with longer follow-up periods because there is more time for reoffending to occur and to be detected, findings from these studies illustrate how important follow-up periods of longer than three or five years are for understanding the absolute risk of reoffending in sex offender populations.

Findings from two other large-scale studies of sex offender recidivism are reported below. Both studies are meta-analyses that undertaken specifically to identify factors related to the recidivism of sex offenders, and their findings regarding recidivism rates are quite consistent.

Hanson and Bussière's (1998) meta-analysis involved 61 studies and a combined sample of 28,972 sex offenders. The researchers found an average sexual recidivism rate of 13.4 percent based on an average follow-up period of four to five years, and an average overall recidivism rate of 36.3 percent.¹⁷ More recently, Hanson and Morton-Bourgon (2004) conducted a meta-analysis of 95 studies involving a combined sample of 31,216 sex offenders. The average sexual recidivism rate found was 13.7 percent and the average overall recidivism rate was 36.9 percent, based on an average follow-up period of five to six years.¹⁸

Recidivism Rates: Female and Male Sex Offenders

Recent research has begun to shed light on the differential rates of recidivism displayed by female and male sex offenders. **While the vast majority of known sex offenders are male, estimates suggest that females commit between 4 and 5 percent of all sexual offenses** (Sandler & Freeman, 2009; Cortoni & Hanson, 2005).¹⁹

Cortoni and Hanson (2005) conducted a study involving 6 sources of recidivism data and a combined sample of 380 female sex offenders. Based on an average follow-up period of 5 years, the researchers found an average sexual recidivism rate for female sex offenders of 1 percent. The observed violent recidivism rate was 6.3 percent and the overall recidivism rate was 20.2 percent.²⁰ The researchers compared these recidivism rates for female sex offenders to five-year sexual, violent and overall recidivism estimates for male sex offenders derived from other studies.²¹ The comparison revealed statistically significant differences between the recidivism rates for male and female sex offenders for each type of recidivism measure.²² Table 5-1 presents a summary of the differential male and female recidivism rates reported in the analysis.

Table 5-1. Recidivism Rates for Male and Female Sex Offenders

	Percentage of Offenders Who Recidivate (Five-Year Follow-up)		
	Sexual Recidivism	Violent Recidivism	Any Recidivism
Male sex offenders	13–14	25	36–37
Female sex offenders	1	6.3	20.2

Note: The recidivism rate differences between male and female sex offenders were statistically significant for each type of recidivism ($p < 0.001$).

Source: Cortoni and Hanson (2005).

More recently, Sandler and Freeman (2009) examined the recidivism patterns of female sex offenders using a sample of 1,466 females convicted of a sexual offense in New York State. They found sexual recidivism rates (based on rearrest) of 0.8 percent, 1.3 percent and 1.8 percent, based on follow-up periods of one, three and five years, respectively. The five-year rearrest rate found for a violent felony offense was 5.2 percent and the five-year rearrest rate found for any offense was 26.6 percent.²³ Sandler and Freeman compared the recidivism rates found for female sex offenders after five years of follow-up with five-year recidivism rates for male sex offenders drawn from other studies. The comparison indicated that female sex offenders had far lower rates of sexual recidivism (1.8 percent compared to 10–15 percent), violent recidivism (5.2 percent compared to 25 percent) and overall recidivism (26.6 percent compared to 36 percent) than male sex offenders.²⁴

Research indicates that female sex offenders reoffend at significantly lower rates than male sex offenders.

Further evidence that female sex offenders reoffend at significantly lower rates than male sex offenders comes from a recent meta-analysis of 10 studies conducted by Cortoni, Hanson and Coache (2010).²⁵ The study included a combined sample of 2,490 female sex offenders. The researchers found an average sexual recidivism rate of about 3 percent for female sex offenders based on an average follow-up period of 6.5 years.²⁶ These findings led Cortoni, Hanson and Coache (2010, p. 387) to conclude that “female sex offenders have extremely low rates of sexual recidivism” and that “distinct policies and procedures for assessing and managing the risk of male and female sex offenders” are needed.

Recidivism Rates: Different Types of Sex Offenders

While researchers have identified a variety of sex offender typologies (see Chapter 3: “Sex Offender Typologies,” in the Adult section), sex offenders are often classified by their crime type or victim age preference in recidivism research. Individuals involved in rape behavior and those involved in child molesting behavior are the two principal categories of sex offenders that emerge from this approach, and studies that examine the recidivism of specific types of sex offenders frequently report recidivism rates for one or both of these categories. Incest offenders are sometimes distinguished from other child molesters in recidivism research. A limited body of research has also examined the recidivism rates of “hands off” — or noncontact — sex offenders, such as exhibitionists. When reviewing recidivism rates for different types of sex offenders, however, it is important to keep in mind that research has documented a significant amount of crossover offending among sex offenders. Estimates suggest that 32–64 percent of rapists have molested children and that many child molesters have assaulted adults (English and colleagues, 2000; Heil, Ahlmeyer & Simons, 2003; Wilcox and colleagues, 2005).

While the knowledge base regarding recidivism rates is less extensive for specific types of sex offenders than it is for sex offenders overall, several important studies on the recidivism rates of rapists and child molesters have been published in recent years. Key findings from these studies — and from studies on recidivism among exhibitionists — are presented below.

Rapists

Researchers studying the recidivism of sex offenders are increasingly reporting recidivism rates specifically for rapists. Two studies previously discussed in this report — Langan, Schmitt and Durose (2003) and Harris and Hanson (2004) — examined the recidivism of rapists using a relatively large sample size. The Harris and Hanson analysis included a sample of 1,038 rapists. Recidivism estimates were reported for three distinct follow-up periods: five years, 10 years and 15 years. Sexual recidivism rates for rapists, based on new charges or convictions, were 14 percent at five years, 21 percent at 10 years and 24 percent at 15 years.²⁷

The Langan, Schmitt and Durose (2003) study of male sex offenders released from state prisons in 1994 is arguably one of the largest individual recidivism studies of rapists undertaken to date. The study included a sample of 3,115 rapists.²⁸ The researchers found that 5 percent of the 3,115 rapists released from state prison in 1994 were arrested for a new sex offense during the three-year follow-up period. Of these 3,115 rapists, 78 (2.5 percent) were charged specifically with another rape. The violent crime and overall recidivism rates found for rapists were 18.7 percent and 46 percent, respectively. Like sex offenders overall, rapists had a lower overall recidivism rate than nonsex offenders in the study (46 percent compared to 68 percent), but a higher sexual recidivism rate (5 percent compared to 1.3 percent). One of the important findings that emerged from the study was that about half of the rapists with more than one prior arrest were rearrested within three years of their release, a rearrest rate nearly double (49.6 percent compared to 28.3 percent) that of rapists with just one prior arrest.

Another important study because of its lengthy follow-up period — 25 years — was conducted by Prentky and colleagues (1997). Generalizing some of the study’s findings to offenders engaged in rape behavior today is problematic because the study period began in 1959 and ended in 1985 and sex offender treatment and

management practices were far different then than they are today. In addition, the study sample consisted of individuals who were sexually dangerous and civilly committed, so the sample is not representative of all rapists or all sex offenders. Still, the 25-year follow-up period employed in the research is arguably one of the longest used to examine the recidivism of rapists,²⁹ and certain findings concerning the variability of recidivism rates over time may have significance for the measurement and interpretation of recidivism rates today.³⁰

The study conducted by Prentky and colleagues (1997) examined both short- and long-term sexual and general recidivism within a population of 136 rapists who had been committed to the Massachusetts Treatment Center for Sexually Dangerous Persons. The researchers found sexual recidivism rates (based on a new charge) of 9 percent after one year of follow-up, 19 percent after five years of follow-up and 31 percent after 15 years of follow-up.³¹ Based on the 25-year follow-up period, the researchers found a sexual recidivism rate of 39 percent. The overall recidivism rate for any charge by the end of the 25-year follow-up period was 74 percent. Prentky and colleagues (1997, p. 656) acknowledged that generalizing the recidivism rates found in the study to other samples of sex offenders was problematic due to the “marked heterogeneity of sex offenders,” but they also suggested that the “crucial point to be gleaned from this study is the potential variability of the rates” and not the specific rates themselves. Thus, it is worth noting that despite the study’s inherent limitations, some rapists remain at risk to reoffend long after their discharge and that conventional follow-up periods of three or five years would have missed roughly half of the first-time recidivists identified after 25 years of follow-up (Prentky et al., 1997).

Using a sample of sex offenders similar to the one employed in the Prentky et al. (1997) study, Knight and Thornton (2007) examined the recidivism rates of rapists as part of a larger study aimed at evaluating and improving risk assessment schemes for sex offenders. As in the Prentky et al. study, everyone in the sample had been referred to the Massachusetts Treatment Center for civil commitment evaluation between 1959 and 1984. But unlike in the Prentky et al. study, not everyone in the sample had been civilly committed. Still, generalizing findings from the analysis to rapists overall may be problematic given the high-risk nature of the sex offenders in the study and the length of time that has passed since these individuals committed their referral offense. Two broad findings are worth noting. First, based on a new charge for a serious sexual crime (those involving physical contact with a victim), Knight and Thornton found that rapists in their study recidivated at a rate of 12 percent after three years of follow-up and 20 percent after 15 years of follow-up).³² Second, when the researchers examined the pace of recidivism in a comparative analysis involving rapists and child molesters, “consistent with the hypothesis that rapists are criminologically more generalists than child molesters,” rapists were found to have faster rates of recidivism than child molesters for nonsexual victim-involved and victimless crimes” (Knight and Thornton, 2007, p.77).

The long-term propensity for convicted rapists to sexually reoffend also has been examined by Doren (1998). His analysis, which aimed at estimating the true base rate for sexual recidivism among rapists, led him to conclude that the 39-percent long-term sexual recidivism rate for rapists found by Prentky and colleagues (1997) was consistent with findings from other research. Doren (1998, p. 107) further suggested that “rapist sexual recidivism should be considered to have a conservative approximation of its true base rate at about 39 percent.”

The accuracy of Doren’s (1998) estimate regarding the long-term propensity of rapists to reoffend and the contention that any nontrivial proportion of sex offenders may show first-time recidivism 20 years or more following release from incarceration or discharge from probation, both remain subject to debate. Harris and Hanson (2004, p. 11), for example, in discussing their findings concerning the long-term sexual recidivism rates of rapists and child molesters, stated, “The decreasing rate of offending with age suggests that the rates observed after 15 to 20 years are likely to approximate the rates that would be observed if offenders were followed for the rest of their lives.”

While a review of the literature on the relationship between age and sexual recidivism is beyond the scope of this chapter, it is worthwhile noting that findings from several recent studies support the conclusion that age is

inversely related to sexual recidivism (Prentky & Lee, 2007; Thornton, 2006); that is, as the age of the offender increases, the likelihood of sexual recidivism tends to diminish (Prentky & Lee, 2007).³³ Doren (2010), however, has suggested that drawing meaningful conclusions from the available data about an **age threshold for low risk** is difficult. While the type of offender may matter, the data are too few and too conditional to arrive at a valid conclusion (Doren, 2010). Findings regarding the relationship between age and sexual recidivism reported by Knight and Thornton (2007, p. 9–10) in an earlier study designed primarily to evaluate and improve risk assessment schemes for sexual offenders offer support for this position. As Knight and Thornton stated —

The present results suggest that age at discharge should not be introduced as a weighting factor for the actuarials. Strikingly, when age on index offense was controlled, increasing age on discharge was associated with increased rates of sexual recidivism., Those discharged after the age of 60, however, did have lower sexual recidivism rates, but the size of this sample was too small to make any firm recommendations. Nonetheless, the present results are consistent with adjusting expected recidivism rates down only for those discharged after the age of 60. The complexity of these results demand replication before too much weight is placed on them, but they are certainly inconsistent with the hypothesis that merely holding someone in prison will enable them to age out of risk.

The 2012 study referenced above by Olver et al., however, once again found support for the thesis that the propensity for sex offenders to recidivate declines with advancing age. In their Canadian study that examined how treatment outcomes for adult sex offenders released from prison might be moderated by factors such as the offender's age and risk level, the researchers found that older sex offenders had significantly lower sexual and violent recidivism rates than younger sex offenders.

Child Molesters

A relatively large body of research exists on the recidivism rates of child molesters. While unreported crime affects all recidivism research, it is particularly problematic in recidivism studies of child-molesting offenders as several studies have demonstrated that the likelihood that a sexual assault will be reported to law enforcement decreases with the victim's age (Kilpatrick, Saunders & Smith, 2003; Smith et al., 2000; Sorenson & Snow, 1991).

The study of sex offenders released from state prisons in 1994 by Langan, Schmitt and Durose (2003) included a large sample (4,295) of child molesters. The researchers reported that 5.1 percent of the 4,295 child molesters released from prison in 1994 were rearrested for a new sex crime within three years of their release, 14.1 percent were rearrested for a violent crime and 39.4 percent were rearrested for a crime of any kind. Similar to the pattern for rapists in the study, child molesters with more than one prior arrest had an overall recidivism rate nearly double (44.3 percent compared to 23.3 percent) that of child molesters with only one prior arrest.

As might be expected, child molesters were more likely than any other type of offender — sexual or nonsexual — to be arrested for a **sex a crime against a child** following release from prison. During the three-year postrelease follow-up period, 3.3 percent of the child molesters, 2.2 percent of all sex offenders and less than one-half of 1 percent of the nonsex offenders were arrested for child molestation.³⁴ Released child molesters with more than one prior arrest for child molesting were three times more likely to be rearrested for child molesting than released child molesters with no more than one prior arrest (7.3 percent compared to 2.4 percent).

Three other studies mentioned in the prior discussion about the recidivism of rapists also make contributions to the knowledge base about the recidivism patterns of child molesters. As part of their larger study designed to evaluate risk assessment schemes for sexual offenders, Knight and Thornton (2007) examined the recidivism rates of child molesters. Their analysis examined the recidivism of child molesters who had been referred to the Massachusetts Treatment Center for evaluation between 1959 and 1984. Again, given the high-risk nature of these offenders and the length of time that has passed since these individuals committed their referral offense, findings from the analysis may have limited application to child molesters today. Still, several findings

from the analysis are worth noting. First, Knight and Thornton (2007, p. 7) found a recidivism rate for child molesters of 12 percent after three years of follow-up (24 of 97 offenders recidivated) and 20 percent after 15 years of follow-up (18 of 91 offenders recidivated) based on a new serious sexual charge.³⁵ Second, when the researchers examined the pace of recidivism in a comparative analysis involving child molesters and rapists, they found no difference in the speed of sexual recidivism between these two types of sex offenders. However, they did find that child molesters recidivated at a slower pace than rapists for both nonsexual victim-involved and victimless crimes.”

Findings from Harris and Hanson’s (2004) analysis are particularly compelling because they document differential rates of recidivism for different types of child molesters based on follow-up periods of five, 10 and 15 years. For all child molesters in the analysis, the researchers found five-, 10- and 15-year sexual recidivism rates based on new charges or convictions of 13 percent, 18 percent and 23 percent, respectively. Table 5-2 presents the study’s recidivism estimates (based on new charges or convictions) for five-, 10- and 15-year follow-up periods for molesters of boys, molesters of girls and incest offenders.

Table 5-2. Sexual Recidivism Rates of Child Molesters

Type of Offense	Recidivism Rate, by Follow-up Period (%)		
	5 years	10 years	15 years
Molested boys	23.0 (N=315)	27.8 (N=105)	35.4 (N=95)
Molested girls	9.2 (N=766)	13.1 (N=218)	16.3 (N=208)
Committed incest	6.4 (N=416)	9.4 (N=73)	13.2 (N=69)

Recidivism estimates are based on new convictions and charges.

Source: Harris and Hanson (2004).

Table 5-2 shows that molesters of boys had the highest rates of sexual recidivism. Different patterns of reoffending within child molester populations have been found in other studies as well, with molesters of boys having higher recidivism rates than other types of child molesters (see, e.g., Seto, 2008). It is important to keep in mind that the recidivism rates observed for child molesters, and for incest offenders particularly, are impacted by underreporting even more so than recidivism rates for other types of sex offenders, as research has shown that child victims who knew their perpetrator were the least likely to report their victimization (Smith et al., 2000).

In a study that examined the recidivism of 191 child molesters and 137 nonsex offenders 15 to 30 years after their release from a Canadian prison, Hanson, Scott and Steffy (1995) found that child molesters had lower rates of overall recidivism (based on reconviction) than nonsex offenders (61 percent compared to 83.2 percent), but much higher rates of sexual recidivism (35 percent compared to 1.5 percent). Not all child molesters in the study, however, recidivated at the same rate. The highest rate of recidivism among child molesters in the study (77 percent) was found for child molesters with previous sexual offenses, those who were never married and those who selected extrafamilial boy victims. In contrast, the long-term recidivism rate for child molesters categorized as low risk was less than 20 percent.

One study that did not find different rates of recidivism for child molesters based on victim gender was Prentky and colleagues’ (1997) analysis of child molesters who were civilly committed in Massachusetts. The researchers cautioned, however, that this specific departure in their findings from other research may have been an artifact of the study sample’s extensive prior criminal history for sexual offenses. The sample consisted

of 115 child molesters who were discharged from civil commitment in Massachusetts between 1960 and 1984. Again, generalizing certain findings from the analysis to other samples of sex offenders could be problematic because the offenders in the study were very high risk and the study period ended more than 25 years ago. Nonetheless, the research is still important because of its lengthy follow-up period. Based on the 25-year follow-up period, Prentky and his colleagues (1997) found a sexual recidivism rate of 52 percent (defined as those charged with a subsequent sexual offense) for the 115 child molesters in the study. The overall new crime recidivism rate found after 25 years of follow-up was 75 percent.³⁶

While the difference between the sexual recidivism rates for child molesters found by Prentky and colleagues (1997) using a 25-year follow-up period (52 percent) and Harris and Hanson (2004) using a 15-year follow-up period (23 percent) is striking, the nature and substantive significance of the difference can be interpreted in fundamentally different ways. One interpretation is that first-time recidivism may occur for some child molesters 20 or more years after criminal justice intervention and that recidivism estimates derived from shorter follow-up periods are likely to underestimate the lifetime risk of child molester reoffending (Doren, 1998). Analyzing data from Prentky and colleagues (1997) and other studies, Doren (1998, p. 105) concluded that the lifetime prevalence of sexual recidivism for extrafamilial child molesters “should be thought of as having a conservative approximation of about 52 percent.” An alternative interpretation is that the difference between Prentky and colleagues’ 25-year estimate and Harris and Hanson’s 15-year estimate is primarily an artifact of sampling — Harris and Hanson’s findings are based on a larger, more diverse sample of child molesters, including some serving community sentences — and that the lifetime prevalence of sexual recidivism for child molesters overall is lower than the 52 percent suggested by Doren and based, at least in part, on the findings of Prentky and colleagues. **While the rate at which child molesters are likely to sexually recidivate over the life course may be subject to further debate, current empirical evidence suggests that molesters of boys have higher short- and long-term recidivism rates than other types of sex offenders.** It is important to keep in mind, however, that both gender-crossover and age-crossover offending are not uncommon and that far more research on the recidivism patterns of crossover offenders is needed (Wilcox et al., 2005; Heil, Ahlmeyer & Simons, 2003; English et al., 2000).³⁷ Additionally, recidivism is highly variable even within subtypes of sex offenders and the propensity of child molesters and other sex offenders to reoffend can best be understood in the context of both historical — or static — and dynamic risk factors empirically associated with recidivism.

Exhibitionists

A limited body of research exists on the recidivism rates of exhibitionists. Marshall, Eccles and Barbaree (1991) reported recidivism data from two studies that examined the effectiveness of specific treatment approaches for exhibitionists. Both studies were based on samples that were small in size.³⁸ The first study examined recidivism for 23 exhibitionists who participated in study treatment and 21 exhibitionists who served as comparison offenders.³⁹ The follow-up period was just under nine years for both groups. The researchers found that nine of the 23 (39.1 percent) treated exhibitionists and 12 of the 21 (57.1 percent) comparison exhibitionists recidivated during the follow-up period. The second study examined recidivism for 17 males charged with exhibitionism and treated between 1984 and 1987. Based on a follow-up period of almost four years, the researchers found that four of the 17 (23.6 percent) exhibitionists recidivated.

Sugarman and colleagues (1994) examined recidivism for exhibitionists with a larger sample (210 exhibitionists) and a follow-up period of 17 years. The researchers reported a 32-percent recidivism rate based on a conviction for a contact sexual offense during the follow-up period, and a 75-percent recidivism rate based on a conviction for any type of crime other than exposing. More recently, Rabinowitz-Greenberg and colleagues (2002) examined the recidivism of 221 exhibitionists assessed at the Royal Ottawa Hospital Sexual Behaviors Clinic between 1983 and 1996. Based on an average follow-up period of 6.8 years, the researchers found a sexual recidivism rate of 11.7 percent (based on a new charge or conviction), a violent crime recidivism rate of 16.8 percent and an overall recidivism rate of 32.7 percent. Building upon the analysis, Firestone and colleagues

(2006) examined recidivism for 208 of the exhibitionists in the analysis conducted by Rabinowitz-Greenberg and colleagues, extending the follow-up period to an average of 13.2 years. The researchers found that 23.6 percent of the offenders in the study sample were charged with or convicted of a sex crime (based on the 13.2-year average follow-up period), 31.3 percent were charged with or convicted of a violent crime and 38.9 percent were charged with or convicted of any criminal offense. Sexual recidivists who were charged with or convicted of a hands-on sex crime during the 13.2-year average follow-up period were found to have a more extensive prior criminal history for violent crime and any type of crime than the exhibitionists who sexually recidivated with a hands-off offense.

Summary

Drawing firm conclusions about the extent of sex offender recidivism can be difficult due to a number of factors. First, although there is universal agreement that the observed recidivism rates of sex offenders are underestimates of actual reoffending, the magnitude of the gap between observed and actual reoffending remains subject to debate. As a result, conclusions about the extent of sex offender recidivism and the propensity of sex offenders to reoffend over the life course inherently involve some uncertainty. Second, measurement variation across studies often produces disparate findings that can be difficult to interpret. Comparing and corroborating findings can be difficult for the same reason. Third, short follow-up periods and small sample sizes limit the generalization of certain findings. Drawing firm conclusions about the propensity of specific subgroups of sex offenders to reoffend over the life course is particularly difficult, as sample sizes often fall to unrepresentative levels as follow-up periods grow longer.⁴⁰ Both individually and collectively, these factors present considerable challenges for anyone wanting to synthesize research findings for the purpose of drawing valid, widely accepted conclusions. Still, recent research has produced several trustworthy findings concerning the recidivism rates of child molesters, rapists and sex offenders overall.

- **Official records underestimate recidivism.** Studies of sexual assault victims and studies of sex offenders in treatment demonstrate that actual offending rates are poorly reflected by official records. Simons, Heil and English (2004) found that only 5 percent of rapes and child sexual assaults self-reported during prison treatment were identified in official records; Tjaden and Thoennes (2006) found that only 17 percent of victim reports resulted in the perpetrator's conviction. While the magnitude of the difference between observed and actual reoffending needs to be better understood, there is universal agreement in the scientific community that the observed recidivism rates of sex offenders are underestimates of actual reoffending.
- **The observed sexual recidivism rates of sex offenders range from about 5 percent after three years to about 24 percent after 15 years.** Relatively low rates of recidivism — particularly sexual recidivism — are reported in studies using follow-up periods shorter than five years. Langan, Schmitt and Durose (2003), for example, found a sexual recidivism rate of 5.3 percent using a three-year follow-up period for a large sample of sex offenders released from prison in 1994. Sample and Bray (2003) reported a sexual recidivism rate of 4.8 percent for a large sample of sex offenders in Illinois based on a three-year follow-up period. Studies employing longer follow-up periods consistently report higher rates of recidivism. Harris and Hanson (2004), for example, reported sexual recidivism rates of 20 percent and 24 percent for a sample of sex offenders based on a 10- and 15-year follow-up period, respectively. While observed recidivism rates will naturally increase as the length of the follow-up period increases, it is important to recognize that recidivism rates derived from follow-up periods of five years or less may mislabel a considerable proportion of repeat offenders as nonrecidivists, resulting in a significant underestimation of the absolute risk to public safety that sex offenders pose.
- **Sex offenders — regardless of type — have higher rates of general recidivism than sexual recidivism.** Although this basic reoffending pattern would naturally be expected to occur, the magnitude of the

difference found in research is somewhat striking. It suggests that sex offenders are far more likely to reoffend for a nonsexual crime than a sexual crime and, as Hanson and Morton-Bourgon (2004, p. 4) have aptly stated, “policies aimed at public protection should also be concerned with the likelihood of any form of serious recidivism, not just sexual recidivism.” It is important to keep in mind, however, that nonsexual offenses are more likely than sexual offenses to be reported to law enforcement, and that some crimes legally labeled as nonsexual in the criminal histories of sex offenders may indeed be sexual in their underlying behavior.

- **Sex offenders have lower rates of general recidivism but higher rates of sexual recidivism than nonsex offenders.** Research comparing the recidivism rates of sex offenders with nonsex offenders consistently finds that sex offenders have lower overall recidivism rates than nonsex offenders. Child molesters, rapists and sex offenders overall, however, are far more likely than nonsex offenders to recidivate sexually. Langan, Schmitt and Durose (2003), for example, found sexual recidivism rates that are four times higher for sex offenders compared to nonsex offenders in their study of about two-thirds of all sex offenders released from state prisons in 1994.
- **Female sex offenders have lower rates of sexual and general recidivism than male sex offenders.** Five- to six-year rates of sexual recidivism for female sex offenders may be as low as 1 to 3 percent. The empirical evidence regarding the differential recidivism rates of female and male sex offenders suggests that intervention and management practices need to differentiate between female and male sex offenders, and that procedures for assessing risk developed for male sex offenders are unlikely to be accurate when applied to female sex offenders (Cortoni, Hanson & Coache, 2010). In addition, until stronger empirical evidence is assembled concerning the factors associated with female sex offender recidivism, assessment and intervention practices for female sex offenders should be driven by scientific evidence on female offenders overall rather than by knowledge about male sex offenders (Cortoni & Hanson, 2005; Public Safety Canada, 2006).
- **Different types of sex offenders have markedly different rates of recidivism.** Research that examines the recidivism of rapists and child molesters indicates that the highest observed recidivism rates are found among child molesters who offend against boys. Harris and Hanson’s (2004) analysis, for example, found a five-year sexual recidivism rate of 23 percent and a 15-year sexual recidivism rate of 35 percent for molesters of boys. Comparatively lower recidivism rates are found for rapists, child molesters who victimize girls and incest offenders. In the Harris and Hanson (2004) analysis, rapists were found to have a five-year sexual recidivism rate of 14 percent and a 15-year sexual recidivism rate of 24 percent. Child molesters who victimize girls were found to have a five-year sexual recidivism rate of 9 percent and a 15-year sexual recidivism rate of 16 percent. While differential rates of recidivism between opposite-sex and same-sex child molesters have not always been found in research, the weight of the evidence suggests that contact offenders who target boys are more likely to sexually reoffend than those who target girls (Seto, 2008).⁴¹ Incest offenders appear to have lower sexual recidivism rates than rapists or other child molesters. In the Harris and Hanson (2004) analysis, incest offenders were found to have a five-year sexual recidivism rate of 6 percent and a 15-year sexual recidivism rate of 13 percent. It is important to keep in mind, however, that the recidivism rates observed for child molesters, and for incest offenders particularly, are artificially depressed by underreporting even more so than recidivism rates for other types of sex offenders, as research indicates that child victims who know their perpetrator are the least likely to report their victimization. In addition, both gender-crossover and age-crossover offending are not uncommon, and far more research on the recidivism patterns of crossover offenders is needed.

Still, the empirical evidence clearly demonstrates that different types of sex offenders have a different propensity to reoffend. This suggests that different recidivism-reduction policies and practices are needed for different types of sex offenders. Policies and practices that take into account the differential reoffending risks posed by different types of sex offenders are likely to be more effective and cost-beneficial than those that treat sex offenders as a largely homogenous group.

Different types of sex offenders have a different propensity to reoffend.

While a sound foundation of knowledge on the extent of sex offender recidivism has been produced in recent years, significant knowledge gaps and unresolved controversies remain. Variations across studies in the operational definition of recidivism, the length of the follow-up period employed and other measurement factors continue to make it difficult to make cross-study comparisons of observed recidivism rates. Interpreting disparate findings and their implications for policy and practice also remains a challenge.

Research documenting the recidivism patterns of crossover offenders and other specific sex offender subtypes is needed.

While the operational definitions and follow-up periods employed in sex offender recidivism research will largely be dictated by the available data, studies that produce more readily comparable findings are greatly needed, as are those that employ follow-up periods longer than five years. Analyses that standardize the time at risk for all offenders in a given study using survival analysis also are needed. Future research should also attempt to build a stronger evidence base on the differential recidivism patterns of different types of sex offenders. While important information on the recidivism of rapists and child molesters has been produced, far more evidence regarding the recidivism patterns of crossover offenders and other specific sex offender subtypes is needed.

We must develop a way to bridge the gap between the perspective that “few sex offenders reoffend” and the evidence that few victims report their victimization.

Finally, far more **policy-relevant** research is needed on the absolute and relative risks that different types of sex offenders pose. The extant literature on sex offender recidivism has thus far been unable to decisively resolve the readily apparent controversy that exists in the field about the proper interpretation of recidivism data and its meaning for public policy. On one hand, some researchers interpret the observed recidivism rates of sex offenders as low, and hence argue for revisions to the current sex offender policy framework. Other researchers are more reticent to interpret recidivism data in the same way, pointing out that the true reoffense rates of sex offenders remain largely unknown due to underreporting and other factors. There is little question that policies and practices aimed at the reduction of sex offender recidivism would be far more effective and cost-beneficial if they better aligned with the empirical evidence, but bridging the gap is plagued by measurement problems and conflicting interpretations of the existing scientific evidence. Individual and community safety would no doubt be served by a redoubling of efforts to break down victim reporting barriers, improve research and build more meaningful collaborations between researchers, policymakers, practitioners and the public.

Notes

1. Also see the definition for recidivism in Public Safety Canada's [Glossary of Key Terms in Crime Prevention](#).
2. This includes offenders returning to the community upon release from incarceration as well as offenders who are serving or who have been discharged from community-based sentences.
3. Some researchers interpret the observed recidivism rates of sex offenders as relatively low or conclude that most sex offenders do not recidivate. Others are more reticent to interpret recidivism data in the same way, arguing that the true reoffense rates of sex offenders are high or unknown or that observed recidivism rates can be misleading because the propensity of sex offenders to reoffend is poorly reflected in officially recorded recidivism, particularly when short follow-up periods are involved.
4. See Pipe and colleagues (2007) for more information about childhood disclosure of sexual abuse.
5. Some studies that examine the recidivism of offenders on parole or probation include in their definition of recidivism imprisonment that results from a technical violation of the conditions of release or supervision.
6. For example, some offenders found to be nonrecidivists may have moved out of state before the end of the follow-up period, or some may have spent a portion of the follow-up period in jail. Had these offenders actually been at risk in the community for the entire follow-up period, recidivism may have been detected, resulting in a higher observed recidivism rate for the entire group of offenders being studied.
7. Some single studies do not simply calculate the proportion rearrested, reconvicted or returned to prison; rather, they employ a technique called survival analysis, which standardizes the at-risk time for everyone in the analysis. See endnote 37.
8. Meta-analysis has been criticized by some researchers, primarily for mixing very different studies together or for including studies of questionable quality in the analysis. Advances in methods regarding heterogeneity and methodological variability can successfully address these criticisms. See, for example, Petrosino and Lavenberg (2007); Wilson and Lipsey (2001); and Lipsey (2002). Meta-analyses that are based on prudent exclusionary criteria, incorporate statistical tests of homogeneity and explore how methodological and contextual variations impact treatment effects are uniquely equipped to provide policymakers and practitioners with highly trustworthy and credible evidence.
9. Sample and Bray (2003) did not report the number of 1990 arrestees who were categorized as sex offenders.
10. Twenty-two of the studies examined sexual recidivism (3,121 treated sex offenders and 3,625 comparison offenders) and 13 studies examined general recidivism (1,979 treated sex offenders and 2,822 comparison offenders).
11. Recidivism was defined as reconviction in 10 studies and rearrest in 12 studies. In one study, the criterion for recidivism was not specified. Average follow-up periods ranged from one to 21 years, with a median of 4.7 years.
12. The 43 studies examined 5,078 treated offenders and 4,376 untreated offenders. Thirty-eight studies reported sexual recidivism (4,321 treated sex offenders and 3,591 comparison offenders) and 30 studies reported general recidivism (3,356 treated sex offenders and 2,475 comparison offenders). Recidivism was defined as reconviction in eight studies and rearrest in 11 studies. In 20 studies, broad definitions of recidivism were used, including parole violations, readmissions to institutions or community reports. Average follow-up periods ranged from one to 16 years, with a median of 46 months.

13. The 22,181 study subjects included 9,512 treated sexual offenders and 12,669 untreated sexual offenders.
14. These recidivism rates are based on the *n*-weighted average for the treatment and comparison groups. The unweighted average recidivism rates were 12 percent for the treatment group and 24 percent for the comparison group. The average follow-up period for treated sex offenders was 63.54 months (5.3 years) and the average follow-up period for untreated offenders was 62.41 months (5.2 years).
15. Only 13 of the studies in the meta-analysis reported data on general recidivism.
16. A handful of other studies have employed follow-up periods of 20 or more years. Prentky and colleagues (1997), for example, examined the recidivism rates of rapists and child molesters at various follow-up points; the longest was 25 years after the offenders' release from confinement. The observed sexual recidivism rate after five years of follow-up was 19 percent for both rapists and child molesters. By comparison, the observed sexual recidivism rates after 25 years of follow-up were 39 percent for rapists and 52 percent for child molesters. These analyses are discussed in greater detail in the "Recidivism Rates: Different Types of Sex Offenders" section in this chapter.
17. The sexual recidivism analysis was based on a combined sample of 23,393 offenders; the general recidivism analysis was based on a combined sample of 19,374 offenders.
18. The sexual recidivism analysis was based on a combined sample of 20,440 offenders; the general recidivism analysis was based on a combined sample of 13,196 offenders.
19. Reliable estimates on the prevalence of female sexual offending are difficult to obtain, as a number of factors can affect the recognition of female perpetrated sex offenses (CSOM, 2007). According to the Federal Bureau of Investigation's Uniform Crime Reports (UCR), only about 1 percent of the offenders arrested for rape in 2009 were female. (For more on UCR, see the "Uniform Crime Report" section of Chapter 1: "Incidence and Prevalence of Sexual Offending," in the Adult section.) A recent Safer Society survey of sex offender treatment programs in the United States and Canada found that females accounted for about 5 percent of the clients treated in U.S. programs in 2008 (McGrath et al., 2010).
20. The definition of recidivism varied widely, ranging from arrests to convictions and reports provided by probation officers.
21. Recidivism rates for males sex offenders were derived from Hanson and Bussière (1998) and Hanson and Morton-Bourgon (2004).
22. $p < 0.001$.
23. Five-year recidivism rates were based on 1,041 female offenders.
24. The sexual, violent and overall recidivism rates for male sex offenders were drawn from Hanson and Bussiere (1998) and Hanson and Morton-Bourgon (2004).
25. Recidivism was defined as an arrest, charge, conviction or incarceration for a new offense.
26. As a comparison, the researchers reported a sexual recidivism rate of 13.7 percent for male sex offenders based on an average follow-up period of 5.5 years. The average sexual recidivism rate reported for male sex offenders was derived from a previous meta-analysis (Hanson & Morton-Bourgon, 2004) of 84 studies involving 20,440 sex offenders, the majority of whom were males. Hanson and Morton-Bourgon (2004) reported that

one of the 84 studies in the meta-analysis focused on female sex offenders. Based on the *N*-size reported in that study of female offenders, fewer than 100 of the 20,440 sex offenders in the Hanson and Morton-Bourgon (2004) meta-analysis were female.

27. The five-year recidivism rate estimate is based on 514 offenders, the 10-year estimate is based on 261 offenders and the 15-year estimate is based on 157 offenders.

28. The study conducted by Langan, Schmitt and Durose (2003) separated “violent sex crimes” into two categories: “rape” and “other sexual assault.” The term “rapist” was used to refer to a released sex offender whose imprisonment offense was defined by state law as forcible intercourse with a female or male. The “rape” category excluded statutory rape or any other nonforcible sexual act with a minor or with someone unable to give legal or factual consent. Sex offenders whose imprisonment offense was a violent sex crime that could not be positively identified as “rape” were placed in the “sexual assault” category. The three-year recidivism rates reported for the 6,576 sex offenders categorized as sexual assaulters follow: 5.5 percent were rearrested for a new sex crime, 16.4 percent were rearrested for a violent crime and 41.5 percent were rearrested for a crime of any kind.

29. Maletzky and Steinhauser (2002) conducted a study of 7,275 sexual offenders, including 448 rapists, who entered a treatment program between 1973 and 1997. Although the follow-up period for some offenders was as long as 25 years, the failure rates reported in the study were based on self-admission of covert and/or overt deviant behaviors or the presence of deviant sexual arousal (which is not a crime), in addition to reoffending.

30. Prentky and his colleagues also employed a statistical technique called survival analysis, which takes into account the amount of time each offender has been on the street and is thus able to reoffend. Recidivism is reported as the failure rate, which is the proportion of individuals who recidivated (or failed) based on a standardized time at risk for all study subjects. Determining the simple proportion of individuals who reoffended during the follow-up period — the most common method of calculating a recidivism rate — can underestimate the rate of recidivism because some of the nonrecidivists may not have been at risk in the community for the entire follow-up period. Had they been, recidivism may have been detected, resulting in a higher observed recidivism rate for the entire group of offenders being studied. By standardizing the at-risk time for all study subjects, survival analysis yields a more accurate estimate of recidivism.

31. These recidivism rates are the failure rates generated by survival analysis and reported in the study.

32. Serious sexual charges consisted of 15 sexual charges that involved physical contact with a victim (e.g., carnal abuse, accosting, unnatural acts, indecent assault, assault with intent to rape, rape, sodomy, statutory rape, incest).

33. Prentky and Lee’s 2007 analysis of the relationship between age at release and age at recidivism used the same sample of 136 civilly committed rapists used in their 1997 research.

34. Of the approximately 141 children allegedly molested by these child molesters during the postrelease follow-up, 79 percent were age 13 or younger.

35. Serious sexual charges consisted of 15 sexual charges that involved physical contact with a victim (e.g., carnal abuse, accosting, unnatural acts, indecent assault, assault with intent to rape, rape, sodomy, statutory rape, incest).

36. The sexual and overall recidivism rates reported here are failure rates reported by Prentky and colleagues (1997) based on survival analysis.

37. With respect to gender crossover, research suggests that the majority of offenders who assault males have also assaulted females (63–92 percent), but not the reverse (23–37 percent) (Abel & Osborn, 1992; English et al., 2000; Heil, Ahlmeyer & Simons, 2003). (For more information on “Sex Offender Typologies,” see Chapter 3 in the Adult section).

38. Outcome data for both studies were obtained from official records and police reports, and recidivism was defined as a new charge or conviction or an incident where exposing behavior was reported to law enforcement and the offender was identified in the police report, even if the alleged incident did not lead to a criminal charge.

39. All of the treated and comparison offenders were charged with exhibitionism and psychologically assessed between 1976 and 1984. The 23 treated offenders participated in the treatment program being studied. The 21 comparison offenders were referred to counseling in their local community.

40. Variation in sex offender management practices over time or across jurisdictions may also limit the transferability of findings. Some researchers, for example, have expressed concern about generalizing recidivism findings derived from lengthy follow-up periods to present-day sex offenders because sex offender management strategies have changed and improved over time (see, e.g., Wilson, 2011). See, for example, Maletzky and Steinhauser (2002) for a discussion of treatment improvement over time and see, for example, Lösel and Schmucker (2005) for an alternative finding. Also, some researchers have questioned the comparability of findings from studies of domestic and foreign sex offenders on the grounds that U.S. offenders are often subject to polygraph testing, whereas foreign offenders are not.

41. Studies that have not found a difference in recidivism between opposite-sex and same-sex child molesters include Barbaree and Marshall (1988) and Prentky and colleagues (1997).

References

Abel, G.G., Mittelman, M., Becker, J.B., Rathner, J. & Rouleau, J.L. (1988). Predicting child molesters' response to treatment. *Annals of the New York Academy of Sciences*, 528, 223–234.

Abel, G.G. & Osborn, C.A. (1992). The paraphilias: The extent and nature of sexually deviant and criminal behavior. In J.M.W. Bradford (Ed.), *Psychiatric Clinics of North America*, 15 (pp. 675–687). Philadelphia, PA: W.B. Saunders Company.

Ahlmeyer, S., Heil, P., McKee, B. & English, K. (2000). The impact of polygraphy on admissions of victims and offenses of adult sex offenders. *Sexual Abuse: A Journal of Research and Treatment*, 12, 123–138.

Bachman, R. (1998). Factors related to rape reporting behavior and arrest: New evidence from the National Crime Victimization Survey. *Criminal Justice and Behavior*, 25, 8–29.

Barbaree, H.E. & Marshall, W.L. (1988). Deviant sexual arousal, demographic and offense history variables as predictors of reoffense among child molesters and incest offenders. *Behavioral Sciences & the Law*, 6, 267–280.

Center for Sex Offender Management (CSOM) (2001). *Recidivism of Sex Offenders*. Silver Spring, MD: Center for Sex Offender Management.

Center for Sex Offender Management (CSOM) (2007). *Female Sex Offenders*. Silver Spring, MD: Center for Sex Offender Management.

- Cortoni, F. & Hanson, R.K. (2005). *A Review of the Recidivism Rates of Adult Female Sex Offenders*. Research Report No. R-169. Ottawa, ON: Correctional Service of Canada.
- Cortoni, F., Hanson, R.K. & Coache, M.É. (2010). The recidivism rates of female sex offenders are low: A meta-analysis. *Sexual Abuse: A Journal of Research and Treatment*, 22, 387–401.
- Doren, D. (1998). Recidivism base rates, predictions of sex offender recidivism and the “sexual predator” commitment laws. *Behavioral Sciences and the Law*, 16, 97–114.
- Doren, D. (2010). Empirically based recidivism risk assessment estimate extrapolations across time and outcome measure. In A. Schlank (Ed.), *The Sexual Predator, Legal Issues, Assessment, Treatment*. Kingston, NJ: Civic Research Institute.
- Durose, M., Cooper, A. & Snyder, H. (2014). *Special Report, Recidivism of Prisoners Released in 30 States in 2005: Patterns from 2005 to 2010*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- English, K., Jones, L., Pasini-Hill, D., Patrick, D. & Cooley-Towell, S. (2000). *The Value of Polygraph Testing in Sex Offender Management*. Final research report submitted to the National Institute of Justice for grant number D97LBVX0034. Denver, CO: Colorado Division of Criminal Justice, Office of Research and Statistics.
- Firestone, P., Kingston, D.A., Wexler, A. & Bradford, J.M. (2006). Long-term follow-up of exhibitionists: Psychological, phallometric and offense characteristics. *Journal of the American Academy of Psychiatry and the Law*, 34, 349–59.
- Gelb, K. (2007). *Recidivism of Sex Offenders Research Paper*. Melbourne, Australia: Sentencing Advisory Council.
- Grottpeter, J.K. & Elliot, D.S. (2002). *Violent Sexual Offending*. Boulder, CO: University of Colorado, Center for the Study and Prevention of Violence, Institute of Behavioral Science.
- Hanson, R.K., Bourgon, G., Helmus, L. & Hodgson, S. (2009). *A Meta-Analysis of the Effectiveness of Treatment for Sex Offenders: Risk, Need and Responsivity*. Ottawa, ON: Public Safety Canada.
- Hanson, R.K., Broom, I. & Stephenson, M. (2004). Evaluating community sex offender treatment programs: A 12-year follow-up of 724 offenders. *Canadian Journal of Behavioural Science*, 36, 87–96.
- Hanson, R.K. & Bussière, M.T. (1998). Predicting relapse: A meta-analysis of sex offender recidivism studies. *Journal of Consulting and Clinical Psychology*, 66, 348–362.
- Hanson, R.K., Gordon, A., Harris, A.J.R., Marques, J., Murphy, W., Quinsey, V. & Seto, M. (2002). First report of the collaborative outcome data project on the effectiveness of psychological treatment for sex offenders. *Sexual Abuse: A Journal of Research and Treatment*, 14, 169–194.
- Hanson, R.K. & Morton-Bourgon, K. (2004). *Predictors of Sexual Recidivism: An Updated Meta-Analysis*. Ottawa, ON: Public Safety and Emergency Preparedness Canada.
- Hanson, R.K., Morton, K.E. & Harris, A.J.R. (2003). Sex offender recidivism risk: What we know and what we need to know. *Annals of the New York Academy of Sciences*, 989, 154–166.
- Hanson, R.K., Scott, H. & Steffy, R.A. (1995). A comparison of child molesters and nonsexual criminals: Risk predictors and long-term recidivism. *Journal of Research in Crime and Delinquency*, 32, 325–337.

- Harris, A.J.R. & Hanson, R.K. (2004). *Sex Offender Recidivism: A Simple Question*. Ottawa, ON: Public Safety and Emergency Preparedness Canada.
- Heil, P., Ahlmeyer, S. & Simons, D. (2003). Crossover sexual offenses. *Sexual Abuse: A Journal of Research and Treatment*, 15, 221–236.
- Heil, P., Harrison, L., English, K. & Ahlmeyer, S. (2009). Is prison sex offending indicative of community risk? *Criminal Justice and Behavior*, 36, 892–908.
- Henslin, J.M. (2008). *Essentials of Sociology: A Down-to-Earth Approach (8th Edition)*. Boston, MA: Allyn and Bacon.
- Kelly, L., Lovett, J. & Regan, L. (2005). *A Gap or a Chasm? Attrition in Reported Rape Cases*. London, England: Home Office Research, Development and Statistics Directorate.
- Kilpatrick, D.G., Saunders, B.E. & Smith, D.W. (2003). *Youth Victimization: Prevalence and Implications*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- Knight, R. & Thornton, D. (2007). *Evaluating and Improving Risk Assessment Schemes for Sexual Recidivism: A Long-Term Follow-Up of Convicted Sexual Offenders*. Washington, DC: U.S. Department of Justice.
- Langan, P., Schmitt, E. & Durose, M. (2003). *Recidivism of Sex Offenders Released From Prison in 1994*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- Larcombe, W. (2012). Sex offender risk assessment: The need to place recidivism research in the context of attrition in the criminal justice system. *Violence Against Women*, 18(4), 482–501.
- Lievore, D. (2004). *Prosecutorial Decisions in Adult Sexual Assault Cases: An Australian Study*. Canberra, Australia: Office of the Status of Women.
- Lipsey, M.W. (2002). Meta-analysis and program evaluation. *Socialvetenskaplig Tidskrift*, 9, 194–208. (Translated.)
- Lösel, F. & Schmucker, M. (2005). The effectiveness of treatment for sex offenders: A comprehensive meta-analysis. *Journal of Experimental Criminology*, 1, 117–146.
- Maletzky, B. & Steinhauser, C. (2002). A 25-year follow-up of cognitive/behavioral therapy with 7,275 sexual offenders. *Behavior Modification*, 26, 123–147.
- Maltz, M.D. (2001). *Recidivism*. Orlando, FL: Originally published by Academic Press. Retrieved from www.uic.edu/depts/lib/forr/pdf/crimjust/recidivism.pdf.
- Marshall, W.L., Eccles, A. & Barbaree, H.E. (1991). The treatment of exhibitionists: A focus on sexual deviance versus cognitive and relationship features. *Behavioural Research and Therapy*, 29, 129–135.
- McGrath, R., Cumming, G., Burchard, B., Zeoli, S. & Ellerby, L. (2010). *Current Practices and Emerging Trends in Sexual Abuser Management: The Safer Society 2009 North American Survey*. Brandon, VT: Safer Society Press.
- McGrath, R.J., Cumming, G., Hoke, S.E. & Bonn-Miller, M.O. (2007). Outcomes in a community sex offender treatment program: A comparison between polygraphed and matched non-polygraphed offenders. *Sexual Abuse: A Journal of Research and Treatment*, 19, 381–393.

- Mercado, C., Jeglic, E., Markus, K., Hanson, R.K. & Levenson, J. (2013). *Sex Offender Management, Treatment and Civil Commitment: An Evidence Based Analysis Aimed at Reducing Sexual Violence*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- Olver, M., Nicholaichuk, T., Gu, D. & Wong, S. (2012). Sex Offender Treatment Outcome, Actuarial Risk and the Aging Sex Offender in Canadian Corrections: A Long-Term Follow-up. *Sexual Abuse: A Journal of Research and Treatment* 25(4) 396–422.
- Olver, M., Wong, S. & Nicholaichuk, T.P. (2008). Outcome evaluation of a high-intensity inpatient sex offender treatment program. *Journal of Interpersonal Violence*, 24, 522–536.
- Petrosino, A. & Lavenberg, J. (2007). Systematic reviews and meta-analytic best evidence on “what works” for criminal justice decisionmakers. *Western Criminology Review*, 8, 1–15.
- Pipe, M.E., Lamb, M.E., Orbach, Y. & Cederborg, A.C. (Eds.). (2007). *Child Sexual Abuse: Disclosure, Delay and Denial*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Prentky, R. & Lee, A. (2007). Effect of age-at-release on long term sexual re-offense rates in civilly committed sex offenders. *Sexual Abuse: A Journal of Research and Treatment*, 19, 43–59.
- Prentky, R., Lee, A., Knight, R. & Cerce, D. (1997). Recidivism rates among child molesters and rapists: A methodological analysis. *Law and Human Behavior*, 21, 635–659.
- Przybylski, R. (1986). *The Impact of Prior Criminal History on Recidivism*. Chicago, IL: Illinois Criminal Justice Information Authority.
- Public Safety Canada (2006). *Recidivism Rates of Female Sexual Offenders*. Research Summary, vol. 11, no. 3. Retrieved from www.publicsafety.gc.ca/cnt/rsrcs/pblctns/rcvdsfm-fmlffndrs/index-eng.aspx.
- Rabinowitz-Greenberg, S., Firestone, P., Bradford, J. & Greenberg, D. (2002). Prediction of recidivism in exhibitionists: Psychological, phallometric and offense factors. *Sexual Abuse: A Journal of Research and Treatment*, 14, 329–347.
- Rice, M.E., Harris, G.T., Lang, C. & Cormier, C.A. (2006). Violent sex offenses: How are they best measured from official records? *Law and Human Behavior*; 30, 525–541.
- Rosenfeld, R., Wallman, J. & Formango, R. (2005). The contribution of ex-prisoners to crime rates. In J. Travis and C. Visher (Eds.), *Prisoner Reentry and Crime in America* (pp. 80–104). New York, NY: Cambridge University Press.
- Sample, L.L. & Bray, T.M. (2003). Are sex offenders dangerous? *Criminology and Public Policy*, 3, 59–82.
- Sandler, J.C. & Freeman, N.J. (2009). Female sex offender recidivism: A large-scale empirical analysis. *Sexual Abuse: A Journal of Research and Treatment*, 21, 455–473.
- Schmucker, M. & Lösel, F. (2015). The effects of sexual offender treatment on recidivism: An international analysis of sound quality evaluations. *Journal of Experimental Criminology*, 11(4), 597–630.
- Seto, M.C. (2008). *Pedophilia and Sexual Offending Against Children: Theory, Assessment and Intervention*. Washington, DC: American Psychological Association.

Simons, D., Heil, P. & English, K. (2004). Utilizing polygraph as a risk prediction/treatment progress assessment tool. Paper presented at the Association for the Treatment of Sexual Abusers 23d Annual Research and Treatment Conference, Albuquerque, NM.

Smith, D., Letourneau, E., Saunders, B., Kilpatrick, D., Resnick, H. & Best, C. (2000). Delay in disclosure of childhood rape: Results from a national survey. *Child Abuse & Neglect*, 24, 273–287.

Sorenson, T. & Snow, B. (1991). How children tell: The process of disclosure in child sexual abuse. *Child Welfare*, 70, 3–15.

Snyder, H.N. (2000). *Sexual Assault of Young Children as Reported to Law Enforcement: Victim, Incident and Offender Characteristics*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.

Statewide Steering Committee to Reduce Sexual Assault, Victoria (SSCRSA) (2006). *A Study of Reported Rapes in Victoria 2000–2003: Summary Research Report (based on a study by Dr. Melanie Heenan & Dr. Suellen Murray)*. Melbourne, Australia: Office of Women's Policy, Department of Victorian Communities.

Sugarman, P., Dumughn, C., Saad, K., Hinder, S. & Bluglass, R. (1994). Dangerousness in exhibitionists. *Journal of Forensic Psychiatry*, 5, 287–296.

Temkin, J. & Krahé, B. (2008). *Sexual Assault and the Justice Gap: A Question of Attitude*. London: Hart Publishing.

Tewksbury, R., Jennings, W. & Zgoba, K. (2012). *Sex Offenders: Recidivism and Collateral Consequences*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

Thornton, D. (2006). Age and sexual recidivism: A variable connection. *Sexual Abuse: A Journal of Research and Treatment*, 18, 123–135.

Tjaden, P. & Thoennes, N. (2006). *Extent, Nature and Consequences of Rape Victimization: Findings From the National Violence Against Women Survey*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

Wilcox, D., Sosnowski, D., Warberg, B. & Beech, A. (2005). Sexual history disclosure using the polygraph in a sample of British sex offenders in treatment. *Polygraph*, 34, 171–181.

Wilson, D.B. & Lipsey, M.W. (2001). The role of method in treatment effectiveness research: Evidence from meta-analysis. *Psychological Methods*, 6, 413–429.

Wilson, R.J. (2011). *Long-Term Management of Risk Posed by Sex Offenders*. Washington, DC: National Criminal Justice Association and U.S. Department of Justice, Office of Justice Programs, Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking.

Chapter 6: Sex Offender Risk Assessment

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FINDINGS

The purposes of risk assessment span the spectrum of the adjudication process.

- ◆ The three generations of risk assessment methods are —
 - Unstructured professional opinion.
 - Actuarial measures using static predictors.
 - Measures that include both static and dynamic factors.
- ◆ No single risk factor is the best predictor; there is no single best instrument.
- ◆ The field is moving toward measures of risk that incorporate both static and dynamic risk factors. These measures also have the benefit of providing targets for intervention, given the changeable nature of dynamic risk factors.

Introduction

Although the desire to predict the risk of future violence posed by individuals is likely centuries old, risk assessment efforts until recently have been relatively unsuccessful in terms of their predictive accuracy. Notwithstanding pseudoscientific methods such as phrenology (which claimed to gauge behavior propensities based on measurements of the skull), risk assessment for many decades has primarily involved individual mental health professionals applying their accumulated experience and clinical acumen to produce a clinical judgment of the degree of risk posed by a particular individual. Scientists have repeatedly questioned the validity of such unstructured clinical judgment as the basis for risk assessments (Grove, 2005; Grove & Meehl, 1996; Meehl, 1954), but it took the publication of John Monahan's *Predicting Violent Behavior: An Assessment of Clinical Techniques* in 1981 to usher in a truly scientific approach to violence risk assessment. In the three decades since the publication of Monahan's book, the relative accuracy of violence risk assessments has increased substantially.

The ability to accurately assess the likelihood of future violent acts — and future criminal behavior more generally — is important to clinicians, policymakers and the public alike. In this context, risk assessment typically involves arriving at an estimate of the likelihood that an offender will recidivate (that is, revert to illegal behavior) after the individual experiences legal consequences or intervention for a prior criminal act. (For more information on "Adult Sex Offender Recidivism," see Chapter 5 in the Adult section.)

Risk assessment serves many purposes throughout the adjudication process. It is often undertaken for dispositional purposes to help determine, for example, an appropriate sentence or custody level or the conditions of community supervision. In these situations, decisions are often predicated, at least in part, on the assessed likelihood of recidivism, with resources being allocated accordingly to promote community safety (Kingston et al., 2008).

Research has suggested that offenders convicted of sexual offenses have received more attention from policymakers than any other category of offenders over the past 25 years (Ackerman et al., 2011; Hanson & Bourgon, in press; Levenson, 2009), and that there is consequently a need for methods and tools that can be used to accurately assess the risk to public safety that sexual offenders pose. Indeed, estimates of risk for sex offenders are used in various community corrections, institutional corrections and civil commitment decision-making contexts. Thus, the scientific and theoretical underpinnings of risk assessment are a critical component of the successful management of adult sexual offenders (Hanson & Bourgon, in press; Mann, Hanson & Thornton, 2010; Tabachnick & Klein, 2011). (For more on “Sex Offender Management Strategies,” see Chapter 8 in the Adult section.)

In many respects, the effectiveness of sex offender management policies relies on the ability of criminal justice professionals to accurately differentiate sexual offenders according to their risk for recidivism (Hanson & Morton-Bourgon, 2005). Arguing from a policy standpoint, Tabachnick and Klein (2011) have stated that the results of actuarial risk assessments in particular should inform decision-making at all levels regarding the supervision of adult sexual offenders in order to prevent recidivism. Given the role played by risk assessment in high-stakes decisions such as those involving potential civil commitment for those designated as sexually violent predators, as well as the possibility of lifetime community supervision, reliance on methods and procedures possessing a strong scientific evidence base is especially critical.

While much progress has been made regarding the ability of professionals in the field to accurately estimate the likelihood of future sexual reoffense, no one is presently able to estimate either the timing or the severity of such future criminal conduct (J. Levenson, personal communication, May 23, 2011). Therefore, it is critically important to establish a clear understanding of exactly what risk is being assessed and to frame expectations accordingly. Current methods at present allow, in most cases, only for an estimate of the likelihood of both future sexual and nonsexual offending over a specific timeframe. The accuracy of these estimates depends in part on the degree to which the individual offender being assessed matches a known group of sex offenders (known as the normative sample or norm group) and the degree to which the factors included in the risk assessment accurately reflect the known universe of relevant risk factors.

Review of Research

Sex offender risk assessments are most often employed in applied forensic settings for purposes of decision-making (Doren, 2002). The typical venues for sex offender risk assessment include —

- Sentencing and criminal adjudications, during which the results of the assessment are used to ascertain appropriate levels and periods of confinement and/or community supervision.
- Determinations of treatment needs, settings and modalities.
- Sex offender registration and notification (SORN) proceedings, during which assessment results are used to classify (“level”) offenders based on their assessed risk.
- Civil commitment proceedings, during which assessment results are used to argue for and against indefinite confinement based on the assessed risk for sexual recidivism.

The purposes of risk assessment span the spectrum of the adjudication process.

Figure 6-1. Sex Offender Management Practices Across the Criminal Justice Spectrum



Methods of assessing sex offender risk can generally be categorized as follows (Hanson, 1998):

- **Unguided (or unstructured) clinical judgment:** The evaluator¹ reviews case material and applies personal experience to arrive at a risk estimate, without relying on a specific list of risk factors or underlying theory to prioritize or weight any of the information used.
- **Guided (or structured) clinical judgment:** The evaluator begins with a finite list of factors thought to be related to risk, drawn from personal experience and/or theory rather than from relevant empirical evidence.
- **Research-guided clinical judgment:** The evaluator begins with a finite list of factors identified in the professional literature as being related to risk. While these factors are given priority in the risk assessment, they are combined with other factors and considerations using the clinician's judgment.
- **Pure actuarial approach:** The evaluator employs an existing instrument composed of a finite, weighted set of factors (generally static, or relatively unchanging and historical in nature) identified in the literature as being associated with risk. The instrument is used to identify the presence or absence of each risk factor, and an estimate of risk is arrived at through a standard, prescribed means of combining the factors. This approach is the only risk assessment method that can be scored using a computerized algorithm or by minimally trained nonclinicians.
- **Adjusted actuarial approach:** The evaluator begins with the administration of an existing actuarial instrument and then employs a finite list of considerations that can be used to raise or lower the assessed level of risk.

Comparisons of the above-described approaches to risk assessment have a long, and at times contentious, history (Grove, 2005; Grove & Meehl, 1996; Grove et al., 2000; Meehl, 1954). While the superiority of structured approaches to unstructured approaches appears to have been settled (Grove, 2005; Hanson & Morton-Bourgon,

2009; A. Phenix, personal communication, May 10, 2011), each of the structured approaches has its merits as well as its supporters and detractors (Doren, 2002; A. Phenix, personal communication, May 10, 2011). Nonetheless, recent research (Hanson & Morton-Bourgon, 2009) suggests that pure actuarial assessments should be favored over other approaches (Hanson, 2009).

As regards the adjusted actuarial approach, a number of recent studies (Hanson, Helmus & Harris, 2015; Storey, Watt, Jackson & Hart, 2012; Wormith, Hogg & Guzzo, 2012) have demonstrated that clinical adjustment of actuarial results more often than not decreases the accuracy of the actuarial measure, and thus, this practice is not recommended.

Criminologist James Bonta (1996) has identified three generations of risk assessment methods: unstructured professional opinion (corresponding to Hanson's [1998] unstructured clinical judgment), actuarial methods using static predictors (corresponding to Hanson's actuarial approach) and methods that include both static and dynamic factors (referred to by Bonta as criminogenic needs). By including dynamic risk factors in the assessment process, third-generation risk assessments can be used to both guide and evaluate the impact of intervention efforts. Current developments in the field confirm the promise of third-generation risk assessment methods, as research tells us more about the relationship between specific dynamic factors and risk for recidivism (Hanson, 2011; Mann, Hanson & Thornton, 2010; A. Phenix, personal communication, May 10, 2011). Recent studies have in fact demonstrated that the inclusion of dynamic risk factors can contribute incrementally to the ability of static (relatively unchangeable) risk factors to accurately predict risk for sexual reoffense (Eher et al., 2012; Nunes & Babchishin, 2012; Olver et al., 2014; Thornton & Knight, 2015).

There are three generations of risk assessment methods: unstructured professional opinion, actuarial methods using static predictors and methods that include both static and dynamic factors.

For accurate risk assessment to occur, the factors associated with the type of risk being assessed must be known. Knowledge about the risk factors associated with recidivism typically is generated through research in which the recidivism rate for offenders with a particular characteristic is compared to the recidivism rate for offenders without that characteristic, or for offenders possessing other characteristics (Hanson, 2000). To date, no single characteristic (that is, "risk factor") has been found in isolation to be a robust predictor of recidivism. As a result, the assessment of risk by necessity involves the combination of a number of risk factors in a meaningful manner.

Karl Hanson and his colleagues (Hanson & Bussière, 1998; Hanson & Morton-Bourgon, 2005) have published the results of a series of meta-analyses² that together have shed considerable light on the known universe of static risk factors associated with sexual recidivism. The strongest predictors of sexual recidivism are factors related to sexual criminality, such as a demonstrated sexual interest in children, a history of prior sexual offenses, the age of onset of sexual offending behavior and having committed a variety of sexual offenses. Factors relating to a lifestyle of instability/criminality were also found to be associated with sexual offense recidivism (Hanson & Bussière, 1998; Hanson & Morton-Bourgon, 2005). Criminal lifestyle characteristics (e.g., substance abuse, history of rule violation) are also the factors most strongly related to violent and/or any recidivism among sex offenders, mentally disordered offenders and offenders in general (Hanson & Morton-Bourgon, 2009). More recent analyses of the specific factor structure of actuarial risk assessments have reinforced the stability of

these two factors — sexual and general criminality (Babchishin et al., 2016; Jung et al., 2015). Recent studies of the structure of risk assessment instruments have also identified potential additional factors assessed by these measures (Brouillette-Alarie et al., 2016), who together identified a factor tapping youthful stranger aggression in their study of the underlying constructs of the Static-99R and Static-2002R.

Recently, significant focus has been directed toward a more contextual understanding and assessment of risk, conceptualizing risk as but one aspect of a larger and more holistic understanding of the individual. Included in this context should be the assessment of needs, protective factors, developmental progressions and change/ treatment progress and the role of desistance (Hanson & Bourgon, in press; McGrath, Lasher & Cumming, 2012).

These developments are part of a larger move away from a singular focus on deficits and psychopathology toward a view that incorporates consideration of assets and strengths. A seminal influence in this regard has been that of Positive Psychology as described by Martin Seligman (Seligman & Csikszentmihalyi, 2000). A number of researchers have assessed the contribution of strengths, assets and protective factors to the prediction of sex offender risk (Miller, 2015; Turner et al., 2014). Available at present are at least four risk assessment measures for use with adults that include assessment of assets, strengths or protective factors (Miller, 2015). Of these, the Structured Assessment of Protective Factors for violence risk (SAPROF; de Vries Robbe, de Vogel & Bogaerts, 2015) appears the most promising regarding assessment of sex offender risk. Results of a study involving 83 contact sexual offenders show good interrater reliability and negative correlations between the SAPROF and two actuarial tools. The ability of the SAPROF to assess risk for general and sexual violence appears to be acceptably good over both short-term (one- to three-year) and long-term (15 year) follow-up periods, even after controlling for static risk (de Vries Robbe, de Vogel & Bogaerts, 2015).

Another aspect of dynamic assessment that has gained recent attention concerns the measure of change associated with participation in treatment. McGrath and colleagues (McGrath, Lasher & Cumming, 2011) have developed the Sex Offender Treatment Intervention and Progress Scale (SOTIPS) to accomplish this very purpose. In a study that included 759 adult male sex offenders under correctional supervision and enrolled in sexual offender treatment, study participants were assessed using a number of actuarial measures as well as the 16-item SOTIPS. One and three years following assessment, both the Static-99R and the SOTIPS demonstrated moderate ability to rank order risk for sexual, violent and any criminal recidivism and return to prison. When combined using a statistical procedure known as logistic regression, both the SOTIPS and Static-99R consistently performed better than either instrument did in isolation. Furthermore, study participants whose SOTIPS scores suggested that they made progress in treatment demonstrated lower rates of recidivism than participants who didn't demonstrate a treatment effect.

The emergent emphasis within risk assessment on more positive and healthy aspects of individuals is also reflected in the literature concerning desistance from crime. The study of desistance involves identifying those characteristics, features and events that lead to the cessation of criminal behavior (Laub & Sampson, 2001). Explorations of the factors that lead to desistance from sexual offending have recently begun to emerge in the sex offender risk assessment literature (Cale & Lussier, 2012; de Vries Robbe et al., 2015). De Vries Robbe and colleagues reviewed the available literature regarding protective factors and desistance from sex offending, and concluded there are three compelling reasons to include the assessment of strengths in sex offender risk assessment. First, to do so may improve the predictive validity of current risk assessment instruments. Second, focusing on risk alone can lead to overprediction of violence risk. And third, assessments that focus only on deficits and pathology lead to the stigmatization of those assessed (de Vries Robbe et al., 2015). Rather than simply viewing the absence of a need as a strength, the desistance literature identifies certain characteristics as assets in their own right, such as positive social relationships and the presence of healthy coping mechanisms.

While consideration of the above factors has added to the ability to accurately assess sex offender risk, the literature also has identified factors that do not contribute to the accurate assessment of risk. Over the past

three decades, numerous studies have examined the factors that are related to sexual offense recidivism, and not a single study has found the specific type of crime an offender is convicted of to be predictive of the likelihood of recidivism (Freeman & Sandler, 2010).

Sex offender risk assessment, while similar in many ways to the assessment of other latent constructs (psychological concepts) within psychology and mental health, differs in at least one significant aspect. The construct being assessed — the commission of a new sexual offense — is unobservable and is likely never to be observed by the assessor. Sex offender risk assessment entails a process of estimating the likelihood of a future event based entirely on secondary, indicator variables (Hanson, 2009). While actuarial risk assessment tools must meet standard criteria for psychological measures (e.g., reliability and validity), the utility of these instruments depends considerably on the selection of relevant risk factors and the methods used to combine these factors to arrive at a meaningful overall assessment of risk (Hanson, 2009). It is important to keep in mind that for purposes of risk assessment, the utility of a risk factor depends on its empirical relationship to the outcome being predicted (Helmus et al., 2012). The consideration of base rates is also critical (Thornton, Hanson & Helmus, 2011). The base rate is equal to the proportion of a group that shares a specific characteristic. For purposes of sex offender risk assessment, the relevant base rate is the proportion of convicted sex offenders who commit a subsequent sexual offense, either over a specified timeframe or over the course of their lifetime. **The base rate is arrived at through reference to large meta-analyses of sex offender recidivism, such as Hanson and Bussière (1998) and Hanson and Morton-Bourgon (2005). These studies found the five-year recidivism rate to be approximately 13 percent. However, it is important to remember that this figure is an underestimate, given that not all recidivist behavior is detected.**

The accurate assessment of risk involves gaining an understanding of all available, relevant factors associated with the known criterion or outcome behavior. While research findings are quite consistent regarding the historical, relatively unchangeable factors referred to as “static” risk factors (e.g., age at first offense, number of previous convictions), there is less agreement at present regarding more fluid, changeable risk factors referred to as “dynamic” risk factors (e.g., employment status, cooperation with supervision). The utility of a rather fixed set of static variables associated with sex offender risk has been established in numerous studies (Hanson & Bussière, 1998; Hanson & Morton-Bourgon, 2005), and empirically identified static risk factors are a primary component of several valid and reliable instruments used in the field today (e.g., Static 99R, Static-2002R, MnSOST-3).

A number of instruments incorporating dynamic factors have appeared in recent years, such as the Stable-2007/Acute-2007 (Hanson et al., 2007) and the Structured Risk Assessment-Forensic Version (Thornton & Knight, 2009). Neither of these instruments, however, has the research backing of the more established instruments of static risk, such as the Static-99R and Static 2002R. A recent meta-analysis (Mann, Hanson & Thornton, 2010) provides the most complete understanding to date of the relationship between a host of dynamic factors and sex offender recidivism.

The use of third-generation risk assessment instruments that incorporate both static and dynamic risk factors is becoming more prevalent (Hanson & Morton-Bourgon, 2009; A. Phenix, personal communication, May 10, 2011). These instruments have the potential added benefit of providing targets for intervention. An example of a third-generation instrument is the Level of Service/Case Management Inventory (Andrews, Bonta & Wormith, 2004), which provides a general assessment of risks and needs for criminal-justice-involved persons. The Violence Risk Scale: Sexual Offender Version (VRS:SO) is a recently developed instrument specifically designed to assess risks and needs among sex offenders. This measure contains seven static factors and 17 dynamic factors; the dynamic, treatment-change factors are based on the Transtheoretical Model of Change (Beggs & Grace, 2010). (For more on treatment, see Chapter 7: “The Effectiveness of Treatment for Adult Sex Offenders,” in the Adult section.)

The use of third-generation risk assessment instruments that incorporate both static and dynamic risk factors is becoming more prevalent. These instruments have the potential added benefit of providing targets for treatment.

A variety of sex offender risk assessment tools possess acceptable, empirically supported psychometric properties (Doren, 2002, 2006; Hanson, 2009; Hanson et al., 2013; Hanson et al., 2016; Helmus et al., 2012; A. Phenix, personal communication, May 10, 2011; Nunes & Babchishin, 2012). While a complete review and analysis of these instruments is beyond the scope of this chapter, a meta-analysis conducted by Hanson and Morton-Bourgon (2009) provides important insights concerning the relative accuracy of different approaches. Their analysis consisted of 536 findings drawn from 118 distinct samples with a total sample of 45,398 sex offenders in 16 countries. The follow-up periods ranged from six months to 23 years; the average follow-up period was five years and 10 months (standard deviation = 46.6 months). The following types of risk assessment approaches were included in the analysis: empirical actuarial, mechanical (using factors chosen primarily on the basis of theory or literature reviews), adjusted actuarial, structured professional judgment and unstructured professional judgment.

Hanson and Morton-Bourgon (2009) concluded that empirically derived actuarial approaches were more accurate than unstructured professional judgment in assessing risk of all outcomes — sexual, violent and any recidivism. The accuracy of structured professional judgment methods fell in between these two methods. For the prediction of sexual recidivism, actuarial instruments designed for assessing the risk of sexual recidivism had the greatest predictive accuracy, followed by mechanical approaches designed for assessing the risk of sexual recidivism and actuarial instruments designed for assessing the risk of general recidivism. Unstructured professional judgment and actuarial instruments for assessing violent recidivism risk were less accurate in assessing the likelihood of sexual recidivism. The predictive accuracy of structured professional judgment fell in between that of actuarial instruments and unstructured professional judgment approaches. In addition, structured professional judgment exhibited a large degree of variability in the few studies that examined this method (Hanson & Morton-Bourgon, 2009).

Hanson and Morton-Bourgon (2009) also found that, for assessing the likelihood of sexual recidivism, the best-supported instruments were the following:

- Static-99 (Hanson & Thornton, 2000)
- Static-2002 (Hanson, Helmus, & Thornton, 2010)
- MnSOST-R (Epperson et al., 2000)
- Risk Matrix-2000 Sex (Kingston et al., 2008)
- SVR-20, specifically using the mechanical approach of adding up the item scores (Boer et al., 1997)

For assessing the likelihood of violent (including sexual) recidivism, the best-supported instruments were the following:

- Violence Risk Appraisal Guide (VRAG) (Webster et al., 1994)
- Sex Offender Risk Appraisal Guide (SORAG) (Quinsey et al., 2006)

- Risk Matrix-2000 Combined (Thornton, 2007)
- Statistic Index of Recidivism (SIR) (Nafekh & Motiuk, 2002)
- Level of Service Inventory-Revised (LSI-R) and its variants (Andrews, Bonta, & Wormith, 2004, 2006)

Some risk assessment experts have suggested that the accuracy of purely actuarial approaches can be increased if certain dynamic risk factors (e.g., active substance abuse, demonstrated pro-offending attitudes) are included in the assessment instrument or otherwise considered as part of the assessment process. Discussions of the relative merits of this approach can be found in Wollert and colleagues, 2010; Hanson and Morton-Bourgon, 2009; Doren, 2002; and McGrath, Cumming and Lasher, 2012. One dynamic risk factor that has received considerable attention in this context is the offender's age at the time of assessment. The inverse relationship between age and criminal offending — as age increases, offending decreases — is one of the more robust findings within criminology. This relationship has been found to hold across time and geographic locations, for different types of crimes and offenders and in both community and incarcerated offender populations (Hirschi & Gottfredson, 1983). Age as an adjusting factor in risk assessment has received considerable attention not only because of the strength and consistency of its relationship to offending, but also because some actuarial instruments (e.g., Static-99 and Static-2002) have been found to underestimate the likelihood of recidivism for younger offenders and to overestimate it for older offenders (Helmus et al., 2012; Wollert et al., 2010). As a result of these findings, the Static-99 and Static-2002 have been revised to better account for the impact of the offender's age at the time of assessment, resulting in the Static-99R and Static-2002R. (Both of these revised instruments do not need to be adjusted for age.) Using age-adjusted risk tables is especially important when assessing older offenders.

Another set of factors often considered as potential adjustments to actuarial measures are those referred to as "criminogenic needs" (Bonta, 1996) or psychologically meaningful risk factors (Mann, Hanson & Thornton, 2010; Thornton & Knight, 2015). These are dynamic (that is, changeable) risk factors that can serve as targets for intervention efforts. For a risk factor to be considered psychologically meaningful, there must be a plausible rationale that the factor is a cause of sexual offending and there must be strong empirical evidence that the factor predicts sexual recidivism. This latter requirement is best demonstrated through research associating variation between groups in the predictor (proposed predicting factor) with variation between groups in the rate of failure (Hanson, 2009). Specific measures have been found helpful in the assessment of dynamic risk factors (e.g., the STABLE-2000 and STABLE-2007; Eher et al., 2012; Nunes & Babchishin, 2012) and risk-enhancing behaviors such as substance abuse have also been found to be salient dynamic factors worthy of consideration in assessing risk (Looman & Abracen, 2011).

While it stands to reason that clinicians would want to consider dynamic factors when assessing risk, doing so via clinical adjustment of actuarial instruments has not been found to be effective. Many studies have examined the effects of clinical adjustments to the results of actuarial instruments, finding that "overrides" — a clinician's consideration of factors outside the actuarial scheme (i.e., the evaluator judges whether the predicted recidivism rate is a fair evaluation of the offender's risk) — decrease predictive accuracy (Gore, 2007; Hanson, 2007; Hanson, 2009; Hanson, Helmus & Harris, 2015; Hanson & Morton-Bourgon, 2009; Storey, Watt, Jackson & Hart, 2012; Vrana, Sroga & Guzzo, 2008). All of these studies have involved the adjustment of actuarial sex offender risk assessments currently in use, with each study concluding that the adjustments made actually decreased the predictive power of the actuarial instruments.

It is important to note that empirical research undertaken to date has yet to identify a single "best" assessment instrument. With this and the limitations of using only one risk assessment instrument (particularly in especially high-stakes situations such as civil commitment evaluations) in mind, clinicians have considered the potential benefits of using more than one instrument during the assessment process (Doren, 2002; Hanson, 2009,

2011). In fact, in a study of evaluators who conduct civil commitment evaluations, Jackson and Hess (2007) reported that 79.5 percent of the evaluators use more than one actuarial instrument in their sex offender civil commitment evaluations.

Empirical research has yet to identify a single “best” risk assessment instrument.

Two primary rationales support the notion that using more than one instrument provides potential benefits. First, classical test theory suggests that increasing the number of items in an assessment increases reliability and coverage. Second, if there are multiple driving forces behind sexual offending behavior, and individual risk assessment instruments tap these underlying dimensions or pathways to sexual offense recidivism differentially, then the use of multiple instruments would have a distinct advantage over the use of a single instrument alone. As Doren (2002, p. 138) points out, “The evidence for multiple underlying dimensions potentially driving sexual offending represents the main relative weakness to using only the ‘best’ single risk assessment instrument in a sex offender civil commitment evaluation.”

Indeed, the empirical evidence suggests that multiple dimensions or pathways underlie sexual offending, with a number of scholars describing a convergence between two of these dimensions: sexual criminality and general criminality. Doren (2002) describes the high sexual criminality/low general criminality pathway as typical of the generally law-abiding pedophile, and the low sexual criminality/high general criminality pathway as typical of an antisocial individual for whom sexual violence is simply one of many manifestations of a criminal behavioral pattern. Evidence for these two pathways also has been found in meta-analytic studies of the factors associated with sex offender recidivism (Hanson & Bussière, 1998; Hanson & Morton-Bourgon, 2005). Hence, an evaluation of both dimensions/pathways as part of the risk-assessment process seems beneficial and advisable, whether it is done using a single instrument that assesses both dimensions or multiple instruments that tap each dimension separately. In fact, recent studies have found that combining these factors or dimensions in sexual offender risk assessment increases predictive accuracy (Brouillette-Alarie et al., 2016; Olver et al., 2016). For more about pathways, see Chapter 3: “Sex Offender Typologies,” in the Adult section.)

These two underlying dimensions of sexual offending were discussed in a recent study of the incremental validity of a number of actuarial instruments (Babchishin, Hanson & Helmus, 2011). As part of that study, the Rapid Risk Assessment for Sex Offense Recidivism (RRASOR) instrument was found to tap sexual criminality, while the Static-99 was found to assess risk along the general criminality pathway. Further, Babchishin, Hanson and Helmus (2011) found that the RRASOR (which taps the sexual criminality dimension) and the Static-99R and Static-2002R (both of which tap the general criminality dimension) all added incremental validity to one another, in spite of substantial intercorrelations and substantial item overlap across the three instruments. Recent research indicates that even measures as highly correlated as the Static-99R and Static-2002R add incrementally to each other (Babchishin et al., 2012; Lehmann et al., 2013), although the size of the gains are generally quite small. This would suggest that practically all of the current well-validated risk factors provide some degree of unique and predictively useful information.

There are other compelling reasons to use more than one instrument during the risk-assessment process, even when the instruments tap the same dimension or the same theoretical domain. Including a larger number of items that assess the same construct and having similar predictive accuracy increases reliability and adds to the overall predictive accuracy of the procedure. Recently, Babchishin and colleagues (2012) conducted a meta-analysis of 20 samples (n = 7,491) in which they compared a variety of methods of combining risk scales. They found that averaging the scores produced the most psychometrically sound results. They interpreted these findings as further support of the need to understand the underlying psychological constructs of factors of

criterion-referenced measures such as the Static-99R and Static-2002R (Babchishin et al., 2012). Hanson and Bourgon (in press) make the case that rather than just blindly accepting the mechanical relationships between risk factors and the outcome of interest, it is important to pay careful attention to the constructs assessed by the measures. From the standpoint of construct validity, the factors measured in assessment are indicators for unobservable (referred to as latent) traits or constructs. From this perspective (the traditional perspective of psychological assessment), the factors that successfully predict recidivism (both static and dynamic) do so because they serve as indicators for the latent traits or constructs directly related to the risk of criminal behavior. In situations in which all of the risk factors represent a single latent construct, summing the risk factors results in a sense of where the offender lies on that particular dimension. The more risk factors, the greater the risk for future criminality. This approach will not work, however, when the risk factors represent more than a single construct. As a result, assessors must be aware of the underlying constructs represented by the risk assessment(s) they employ. Many of the current actuarial risk assessment measures necessarily assess at least two constructs or domains representing general and sexual criminality (Hanson and Bourgon, in press).

Another issue of critical importance in sex offender risk assessment is the communication of risk assessment findings (Babchishin & Hanson, 2009; Doren, 2002; Hanson, 2009; Hanson and Bourgon, in press). Currently, nominal descriptors of risk (low, moderate and high) are used most commonly (Babchishin & Hanson, 2009). While qualitative descriptions in general and these particular nominal descriptors are usually preferred over numerical formats for communicating risk, the use of qualitative labels alone has certain limitations. Perhaps the most significant limitation is that clinicians (as well as decision-makers) can have very different interpretations of what these nominal categories represent. The context in which risk assessment findings are communicated can also influence interpretation.

One way to mitigate the problems associated with the exclusive use of nominal categories is to also provide numerical indicators of risk, such as a recidivism rate probability, a percentile rank (Hanson et al., 2012), or a risk ratio (Hanson et al., 2013). There are various numerical formats commonly used to convey absolute risk, such as frequencies (e.g., the likelihood of recidivism is one out of 10) and percentages (e.g., the likelihood of recidivism is 10 percent), both of which are usually accompanied by a specific timeframe (e.g., within the next five years). Relative risk estimates, such as percentile ranks (e.g., the individual's risk for reoffense is equal to or greater than 90 percent of offenders) and risk ratios (the individual is four times more likely to sexually recidivate compared to the average offender), are useful as well.

While numerical estimates provide more information and are potentially less ambiguous than qualitative descriptors alone, they too have limitations. For example, even though the assessed risk is the same, risk frequencies reported with larger denominators (e.g., 10 out of 10,000 compared to one out of 1,000) tend to result in higher perceived risk. Interpreting numerical risk estimates properly can also be a challenge when base rates for the behavior in question are unknown or are not taken into consideration. Simply put, people tend to overestimate the likelihood of low-probability events and underestimate the likelihood of high-probability events. For instance, people are more likely to fear flying than driving, even though the likelihood of dying in a car crash is many times that of dying in a plane crash.

Evaluators can also make mistakes when communicating the results of risk assessments. Doren (2002) has identified three common errors in communicating results when using a single instrument: incorrectly describing the risk percentage associated with a particular score, neglecting to address sampling error or failing to provide confidence interval estimates and ignoring or incorrectly stating the qualifiers as to what has been assessed.

Consumers of risk assessment information typically desire more than a simple nominal or numeric indicator of risk. Frequently, decision-makers want the risk-assessment process to provide them with information on the likelihood of recidivism, the potential consequences associated with recidivism and what might be done to

mitigate the assessed risk (Hanson, 2009). Doren's (2002) recommendations for communicating the results of sex offender risk assessment, especially in cases involving civil commitment, include the following:

- Nominal risk categories should be accompanied by numerical risk estimates. When used in tandem, nominal and numerical means of conveying risk are more accurate and informative than either one in isolation.
- Nominal categories should be explicitly defined so as to limit the degree to which readers define for themselves the meaning of the specific nominal descriptors. Two examples would be stating that "low risk" means that the risk of sexual recidivism is similar to what would be expected from a group of nonsex offenders, and "high risk" means that an offender is more likely than not to sexually recidivate over the course of his lifetime.

To date, there exists no agreed-upon, much less universal means of either describing risk or communicating the findings of risk assessments. Different risk assessments have different categories, different rules for assigning to categories and different proportions of offenders in their categories. Therefore, even when different scales share one or more category descriptors, they do not describe the same thing. Put simply, a single offender can be assigned to different risk categories by different measures, which understandably leads to confusion on the part of consumers of risk information (Hanson and Bourgon, in press). What is agreed upon, however, is that offenders can be rank ordered from low to high with respect to their risk, and that the current crop of measures can do so quite accurately. There also exists to a certain degree of agreement as to the characteristics of the offenders that make up either end of the risk continuum. Ideally, communication of risk would include factors relevant not only to risk for reoffense but also regarding dynamic factors (criminogenic needs) to be targeted for change, as well as information regarding strengths and protective factors that can be tapped with an eye toward promoting desistance. The ideal categorical risk levels would not be tied to a particular risk instrument but rather would apply across the range of risk measures. Hanson and Bourgon (in press) describe an ongoing process by which the Council of State Governments (CSG) Justice Center is working to define risk levels for the prediction of general criminality. Similarly, The STATIC Development Group has likewise proposed updated risk categories to be used with the Static-99R and Static-2002R (Hanson et al., 2016). In a manner similar to the standardized risk assessment levels proposed by CSG's Justice Center, the new categories for the Static measures have been designed to be applied across a wide range of sex offender risk-assessment measures.

Future Directions

The pace of development in the field of sexual offender risk assessment is rapid and reflects a great deal of innovative forward thinking regarding how best to assess for and communicate about sexual offender risk. The following represent emerging trends and future directions in this field.

- Increasingly greater attention will be paid to the conceptual nature of risk factors and the interrelationships between them. This will necessarily involve moving beyond describing purely mechanical and empirical relationships to elucidating conceptual relationships among and between individual risk factors as well as the underlying (latent) constructs they represent.
- A great deal of empirical support has demonstrated the utility of actuarial risk assessments, and the best of these measures are all approximately equal in their ability to assess risk for reoffense. Research into the norms and reference tables for these measures, as well as concerning the practical applications of their use, will continue.

- It may very well be that the reason that so many of the actuarial static risk assessments possess roughly equivalent predictive ability is because they have reached a limit (asymptotic) in terms of the amount of variability in risk than can be predicted with reference to static factors alone. This paves the way for inclusion of other factors and characteristics related to risk, such as dynamic factors, treatment effects, inclusion of strengths and protective factors, and factors predictive of desistance. This more inclusive and holistic approach will more clearly reflect the complicated nature of human behavior.
- These measures will continue to be applied to new populations and settings (e.g., clergy sex offenders; offenders within youth serving organizations; different ethnic, cultural and linguistic groups), as well as find new uses (e.g., the use of a subscale and item from the Static-2002R being used to predict general criminal recidivism).
- The growing emergence and availability of large datasets, combined with ever-increasing computing power and the proliferation of emerging sophisticated statistical techniques (e.g., decision trees, classification and regression tree analysis), will result in an eventual move toward fully automated actuarial risk assessments that rely exclusively on large institutional datasets. This has the potential to eliminate the coding and mathematical errors that can occur even with the current crop of purely actuarial risk-assessment measures.

Significant growth has occurred in recent years in both the development of sex-offender-specific risk-assessment instruments and their use in the field. While significant advances have been made regarding the reliability and predictive validity of instruments, a number of limitations remain. As noted above, there is currently no single “best” risk assessment for all offenders in all situations. In fact, there are certain populations for whom there is no validated risk-assessment instrument (e.g., child pornography offenders and female offenders). (For more on child pornography offenders, see Chapter 4: “Internet-Facilitated Sexual Offending,” in the Adult section.) In addition, while development and testing of third-generation instruments continues, some experts are skeptical that a single actuarial scale containing all relevant risk factors could ever be developed (Hanson, 2000). Therefore, contemporary risk assessment involves a bit of paradox: Even though research on risk assessment has largely eliminated subjective judgment from within the risk assessment process itself, clinical judgment on the part of the evaluator is still needed to make valid, research-informed decisions about the appropriate risk assessment instrument(s) to apply in any particular setting. To that end, Hanson (2009) has provided the following set of qualities to guide the future of sex offender risk assessment:

- Assess risk factors whose nature, origins and effects can be understood.
- Enable reliable and valid assessment of clinically useful causal factors.
- Provide precise estimates of recidivism risk.
- Allow all relevant factors to be considered.
- Inform the development of treatment targets and risk management strategies.
- Allow the assessment of both long- and short-term changes in risk.
- Incorporate protective factors as well as risk factors.
- Facilitate the engagement of the patient/offender in the assessment process.
- Use risk assessment methods that are easy to implement in a broad range of settings.

Summary

Significant advancements in the science and practice of sex offender risk assessment have occurred over the past two decades. A number of reliable, valid approaches for assessing sex offender risk are now available. Rigorous scientific research has demonstrated that respectable levels of predictive accuracy have been obtained with purely actuarial risk assessment approaches, approaches using structured professional judgment and the mechanical combination of items from structured risk schemes. While research evidence to date has not indicated which of these approaches are best suited to specific testing circumstances and contexts (Hanson, 2009), recent meta-analyses (Hanson & Morton-Bourgon, 2009) suggest that purely actuarial assessment approaches should be favored over other approaches for the assessment of risk for sexual reoffense (Hanson, 2009). Ultimately, however, decisions about the best approach or instrument to use should be made in the context of the assessment setting, the characteristics of the individual being assessed and the specific purpose of the risk assessment.

Many of the purely actuarial tools in wide use today can be completed quickly and easily by a variety of trained personnel (Klima & Lieb, 2008). The advent of automated actuarial tools conceptually allows even clerical workers to compute risk scores using these instruments. It is nonetheless important to provide ongoing training and monitoring of evaluators to ensure that risk-assessment procedures and instruments are always used appropriately and with integrity. **The need for training and technical assistance in the context of risk assessment was identified by the 2012 SOMAPI forum participants as well as in recent literature (Hanson et al., 2015; Storey et al., 2012).**

Training and monitoring of evaluators is needed to ensure that risk assessment procedures and instruments are used appropriately and with integrity.

One of the primary challenges for the field in the future will be to identify more comprehensively the risk factors (both static and dynamic) that are related to sexual offending. Identifying these factors and incorporating them into the risk-assessment process will help clinicians and decision makers better match risk levels to treatment and management efforts, thereby fulfilling the promise of third-generation risk-assessment instruments (Bonta, 1996). **The need for tailored rather than uniform interventions, and the need to match sex offender treatment and management efforts to the risk levels and criminogenic needs of sex offenders, were acknowledged by the experts — both researchers and practitioners — who participated in the SOMAPI forum.**

Given the lack of a single best risk-assessment instrument, evaluators will continue to have to rely on their professional judgment to select and employ the best risk-assessment approach for the circumstances and setting. Incorporating dynamic risk factors (e.g., assessment of treatment change) can be accomplished through the use of newly developed measures such as the SOTIPS (treatment change; McGrath et al., 2012) and the SAPROF (protective factors; de Vogel et al., 2009). Additional research concerning the use of dynamic risk factors is clearly needed, is further work to explore the factors that lead to desistance from sexual offending (Griffin et al., 2008; K. Hanson, personal communication, April 8 and June 7, 2011; Maruna & LeBel, 2003). It is recommended however that risk assessment conceptually and practically be incorporated into the larger concept of psychological assessment, encompassing a more comprehensive and holistic view that incorporates not only deficits but strengths, protective factors and consideration of desistance.

Research on the best ways to revise assigned risk based on post-index behavior or qualities also is needed. In effect, this entails identifying treatment targets and assessing the impact of treatment on risk and other factors, such as institutional misconduct or the amount of time that has elapsed without a new conviction (K. Hanson, personal communication, April 8 and June 7, 2011). The ability to detect meaningful changes in risk, especially for high-risk offenders, is particularly important (Hanson, 2011; Olver et al., 2007). The VRS:SO is a promising development in this area (Beggs & Grace, 2010; Thornton, Hanson & Helmus, 2011), as is the SOTIPS (McGrath et al., 2012). Other instruments to consider for gauging changes in risk over time include the STABLE-2007 and the SRA—Forensic Version (Thornton & Knight, 2009). Olver and colleagues (2014) describe their application of logistic regression to combine risk and change information into clinically meaningful post-treatment risk assessments (Olver et al., 2014). As noted previously, the Static-99 and Static-2002 have been revised to incorporate the impact of aging on risk, resulting in the inclusion of new age weights and the publication of the Static-99R and Static-2002R (Helmus et al., 2012).

There also is a need to devise more effective and intuitive means of communicating risk-assessment findings. Communication of risk should be tailored to the purpose and setting of the assessment, and both qualitative descriptors and numerical estimates that consumers of risk-assessment information can use to guide sex offender management decision-making should be provided. Ultimately, the development of a standardized language to communicate risk would obviate many sources of potential confusion among consumers if risk information (Hanson and Bourgon, in press). Furnishing decision makers with both an accurate, contextual understanding of risk, and also with recommendations for mitigating and managing risk, is likely to be most beneficial.

Based on current knowledge, using science-based, actuarial methods to assess sex offender risk is advisable.

In conclusion, based on current knowledge, using science-based, actuarial methods to assess sex offender risk is highly advisable (Doren, 2002; Hanson & Morton-Bourgon, 2009; Tabachnik & Klein, 2011). As Hanson and Morton-Bourgon (2009, p. 10) aptly state, “Given its genesis in data, the empirical actuarial approach will ultimately provide the best estimates of absolute risk.” In fact, such instruments should not be ignored in assessing the risk for sex offender reoffense unless there is clear and justifiable reason to do so, such as in cases for which no applicable risk instrument exists (Hanson & Morton-Bourgon, 2009).

For assessing the likelihood of sexual recidivism, the best-supported instruments are the Static-99R, Static-2002R, MnSOST-3 (Duwe & Freske, 2013; potential issues with limited generalizability outside of Minnesota), Risk Matrix-2000 Sex and adding the item scores from the SVR-20 (Hanson & Morton-Bourgon, 2009). The Static family of measures are by far the most often used sex offender risk assessments in the United States and Canada (Storey et al., 2012; Swinburne Romine et al., 2012; Turner et al., 2014). These measures have been found to be effective for a variety of different populations, including clergy offenders (Montana et al., 2012), those who work with children (Turner et al., 2014) and Latinos (Leguizamo et al., 2016), and with aboriginal and nonaboriginal Australians (Smallbone et al., 2013).

For assessing the likelihood of violent (including sexual) recidivism, the best supported instruments are the VRAG, the SORAG, the Risk Matrix-2000 Combined, The Psychopathy Checklist – Revised (Hare, 2003; assessed by Parent et al., 2011) and the LSI-R and its variants (Hanson & Morton-Bourgon, 2009). For assessing the risk of general (nonsexual) recidivism among sexual offenders, Hanson and Bourgon (in press) recommend using the Brief Assessment for Recidivism Risk (BARR-2002R; Babchishin et al., 2015), which is comprised of the age at time of assessment and the general criminality factor from Static-2002R.

Notes

1. The terms “evaluator” and “evaluation” used throughout this chapter refer to the individual performing the risk assessment and the overall risk-assessment process, respectively.
2. A meta-analysis combines the results of many evaluations into one large study with many subjects.

References

- Ackerman, A.R., Harris, A.J., Levenson, J.S. & Zgoba, K. (2011). Who are the people in your neighborhood? A descriptive analysis of individuals on public sex offender registries. *International Journal of Law and Psychiatry, 34*(3), 149–159.
- Andrews, D.A., Bonta, J. & Wormith, J.S. (2004). *The Level of Service/Case Management Inventory (LS/CMI)*. Toronto, ON: Multi-Health Systems.
- Andrews, D.A., Bonta, J. & Wormith, J.S. (2006). The recent past and near future of risk and/or need assessment. *Crime and Delinquency, 52*, 7–27.
- Babchishin, K.M. & Hanson, R.K. (2009). Special feature: Improving our talk: Moving beyond the “low,” “moderate” and “high” typology of risk communication. *Crime Scene, 16*, 11–14. Retrieved from: [www.cpa.ca/cpsite/userfiles/Documents/Criminal%20Justice/Crime%20Scene%202009-05\(1\).pdf](http://www.cpa.ca/cpsite/userfiles/Documents/Criminal%20Justice/Crime%20Scene%202009-05(1).pdf).
- Babchishin, K.M., Hanson, R.K. & Blais, J. (2016). Less Is More: Using Static-2002R Subscales to Predict Violent and General Recidivism Among Sexual Offenders. *Sexual Abuse: A Journal of Research and Treatment, 28*(3), 187–217.
- Babchishin, K.M., Hanson, R.K. & Helmus, L. (2011). *The RRASOR, Static-99R and Static-2002R All Add Incrementally to the Prediction of Recidivism among Sex Offenders*. Corrections Research: User Report 2011-02. Ottawa, ON: Public Safety Canada.
- Babchishin, K.M., Hanson, R.K. & Helmus, L. (2012). Even highly correlated measures can add incrementally to predicting recidivism among sex offenders. *Assessment, 19*(4), 442–461.
- Beggs, S.M. & Grace, R.C. (2010). Assessment of dynamic risk factors: An independent validation of the Violence Risk Scale: Sex offender Version. *Sexual Abuse: A Journal of Research and Treatment, 22*, 234–251.
- Boccaccini, M.T., Murrie, D.C., Mercado, C., Quesada, S., Hawes, S., Rice, A.K. & Jeglic, E.L. (2012). Implications of static-99 field reliability findings for score use and reporting. *Criminal Justice and Behavior, 39*(1), 42–58.
- Boer, D.P., Hart, S.D., Kropp, P.R. & Webster, C.D. (1997). *Manual for the Sexual Violence Risk-20: Professional Guidelines for Assessing Risk of Sexual Violence*. Vancouver, BC: British Columbia Institute Against Family Violence.
- Bonta, J. (1996). Risk-needs assessment and treatment. In A.T. Harland (Ed.), *Choosing Correctional Options That Work: Defining the Demand and Evaluating the Supply* (pp. 18–32). Thousand Oaks, CA: Sage Publications.
- Brouillette-Alarie, S., Babchishin, K.M., Hanson, R.K. & Helmus, L. (2016). Latent constructs of the Static-99R and Static-2002R: a three factor solution. *Assessment, 23*(1), 96–111.

- Cale, J. & Lussier, P. (2012). Merging developmental and criminal career perspectives: implications for risk assessment and risk prediction of violent/sexual recidivism in adult sexual aggressors of women. *Sexual Abuse: A Journal of Research and Treatment, 24*(2), 107–132.
- de Vries Robbe, M., de Vogel, K.K. & Bogaerts, S. (2015). Assessing protective factors for sexually violent offending with the SAPROF. *Sexual Abuse: A Journal of Research and Treatment, 27*(1), 51–70.
- de Vries Robbe, M., Mann, R.E., Maruna, S. & Thornton, D. (2015). An exploration of protective factors supporting desistance from sexual offending. *Sexual Abuse: A Journal of Research and Treatment, 27*(1), 16–33.
- Doren, D.M. (2002). *Evaluating Sex Offenders: A Manual for Civil Commitments and Beyond*. Thousand Oaks, CA: Sage Publications.
- Doren, D.M. (2006). Inaccurate arguments in sex offender civil commitment proceedings. In A. Schlink (Ed.), *The Sexual Predator: Law and Public Policy, Clinical Practice*. Kingston, NJ: Civic Research Institute.
- Duwe, G. & Freske, P.J. (2012). Using logistic regression modeling to predict sexual recidivism: The Minnesota Sex Offender Screening Tool-3 (MnSOST-3). *Sexual Abuse: A Journal of Research and Treatment, 24*(4), 350–377.
- Eher, R., Matthes, A., Schilling, F., Haubner-MacLean, T. & Rettenberger, M. (2012). Dynamic risk assessment in sexual offenders using STABLE-2000 and the STABLE-2007: An investigation of predictive and incremental validity. *Sexual Abuse: A Journal of Research and Treatment, 24*(1), 5–28.
- Epperson, D.L., Kaul, J.D., Huot, S.J., Hesselton, D., Alexander, W. & Goldman, R. (2000). Cross-validation of the Minnesota Sex Offender Screening Tool – Revised. Paper presented at the 19th Annual Research and Treatment Conference of the Association for the Treatment of Sexual Abusers, San Diego, CA.
- Freeman, N.J. & Sandler, J.C. (2010). The Adam Walsh Act: A false sense of security, or an effective public policy initiative? *Criminal Justice Policy Review, 21*, 31–49.
- Gore, K.S. (2007). Adjusted actuarial assessment of sex offenders: The impact of clinical overrides on predictive accuracy. *Dissertation Abstracts International, 68*, 4824B.
- Griffin, H.L., Beech, A., Print, B., Bradshaw, H. & Quale, J. (2008). The development and initial testing of the AIM2 framework to assess risk and strengths in young people who sexually offend. *Journal of Sexual Aggression, 14*, 211–225.
- Grove, W.M. (2005). Clinical versus statistical prediction: The contribution of Paul E. Meehl. *Journal of Clinical Psychology, 61*, 1233–1243.
- Grove, W.M. & Meehl, P.E. (1996). Comparative efficiency of informal (subjective, impressionistic) and formal (mechanical, algorithmic) prediction procedures: The clinical-statistical controversy. *Psychology, Public Policy, and Law, 2*, 293–323.
- Grove, W.M., Zald, D.H., Hallberg, A.M., Lebow, B., Snitz, E. & Nelson, C. (2000). Clinical versus mechanical judgment: A meta-analysis. *Psychological Assessment, 12*, 19–30.
- Hanson, R.K. (1998). Predicting sex offender re-offense: Clinical application of the latest research. Presentation sponsored by Sinclair Seminars and given in Richmond, VA.
- Hanson, R.K. (2000). *Risk Assessment*. Beaverton, OR: Association for the Treatment of Sexual Abusers.

Hanson, R.K. (2007). How should risk assessments for sex offenders be conducted? Paper presented at the Fourth Annual Forensic Psychiatry Conference, Victoria, BC.

Hanson, R.K. (2009). The psychological assessment of risk for crime and violence. *Canadian Psychology, 50*, 172–182.

Hanson, R.K. (2011). Directions for future research on evaluating change among high risk sex offenders. Paper presented at Advancing our Understanding of Treatment Change Among High-risk Sex Offenders Conference, Carleton University, Ottawa, ON.

Hanson, R.K., Babchishin, K.M., Helmus, L. & Thornton, D. (2013). Quantifying the relative risk of sex offenders: risk ratios for Static-99R. *Sexual Abuse: A Journal of Research and Treatment, 25*(5), 482–515.

Hanson, R.K. and Bourgon, G. (in press). Advancing sexual offender risk assessment: standardized risk levels based on psychologically meaningful offender characteristics. In Taxman, F. (Ed.) American Society of Criminology, Division on Corrections and Sentencing Handbook on Corrections & Sentencing, Volume 1, Risk and Need Assessment: Theory and Practice.

Hanson, R.K. & Bussière, M.T. (1998). Predicting relapse: A meta-analysis of sex offender recidivism studies. *Journal of Consulting and Clinical Psychology, 66*, 348–362.

Hanson, R.K., Harris, A.J.R., Helmus, L. & Thornton, D. (2014). High-risk sex offenders may not be high risk forever. *Journal of Interpersonal Violence, 29*(15), 2792–2813.

Hanson, R.K., Harris, A.J.R., Scott, T.-L. & Helmus, L. (2007). *Assessing the Risk of Sex Offenders on Supervision: The Dynamic Supervision Project*. Ottawa, ON: Public Safety Canada.

Hanson, R.K., Helmus, L. & Harris, A.J. (2015). Assessing the risk and needs of supervised sexual offenders: A prospective study using STABLE-2007, Static-99R, and Static-2002R. *Criminal Justice and Behavior, 42*(12), 1205–1224.

Hanson, R.K., Helmus, L. & Thornton, D. (2010). Predicting recidivism among sex offenders: A multi-site study of Static-2002. *Law and Human Behavior, 34*, 198–211.

Hanson, R.K., Lunetta, A., Phenix, A., Neeley, J. & Epperson, D. (2014). The field validity of Static-99/R sex offender risk assessment tool in California. *Journal of Threat Assessment and Management, 1*(2), 102–117.

Hanson, R.K., Lloyd, C.D., Helmus, L. & Thornton, D. (2012). Developing non-arbitrary metrics for risk communication: percentile ranks for the Static-99R and Static-2002R sexual offender risk tools, *International Journal of Forensic Mental Health, 11*(1), 9–23.

Hanson, R.K. & Morton-Bourgon, K.E. (2005). The characteristics of persistent sex offenders: A meta-analysis of recidivism studies. *Journal of Consulting and Clinical Psychology, 73*, 1154–1163.

Hanson, R.K. & Morton-Bourgon, K.E. (2009). The accuracy of recidivism risk assessments for sex offenders: A meta-analysis of 118 prediction studies. *Psychological Assessment, 21*, 1–21.

Hanson, R.K. & Thornton, D. (2000). Improving risk assessments for sex offenders: A comparison of three actuarial scales. *Law and Human Behavior, 24*, 119–136.

- Hanson, R.K., Thornton, D., Helmus, L. & Babchishin, K.M. (2016). What sexual recidivism rates are associated with Static-99R and Static-2002R scores? *Sexual Abuse: A Journal of Research and Treatment*, 28(3), 218–252.
- Harris, A.J., Lobanov-Rostovsky, C. & Levenson, J.S. (2010). Widening the net: The effects of transitioning to the Adam Walsh Act classification system. *Criminal Justice and Behavior*, 37(5), 503–519.
- Helmus, L., Babchishin, K.M. & Blais, J. (2012). Predictive accuracy of dynamic risk factors for aboriginal and non-aboriginal sex offenders: an exploratory comparison using STABLE-2007. *International Journal of Offender Therapy and Comparative Criminology*, 56(6), 856–876.
- Helmus, L., Hanson, R.K., Thornton, D., Babchishin, K.M. & Harris, A.J.R. (2012). Absolute recidivism rates predicted by Static-99R and Static-2002R sex offender risk assessment tools vary across samples. A Meta-Analysis. *Criminal Justice and Behavior*, 39(9), 1148–1171.
- Helmus, L. & Thornton, D. (2015). Stability and predictive and incremental accuracy of the individual items of Static-99R And Static-2002R in predicting sexual recidivism: A meta-analysis. *Criminal Justice and Behavior*, 42(9), 917–937.
- Helmus, L., Thornton, D., Hanson, R.K. & Babchishin, K.M. (2012). Improving the predictive accuracy of Static-99 and Static-2002 with older sex offenders: Revised age weights. *Sexual Abuse: A Journal of Research and Treatment*, 24(1), 64–101.
- Hirschi, T. & Gottfredson, M. (1983). Age and the explanation of crime. *American Journal of Sociology*, 89, 552–584.
- Jackson, R.L. & Hess, D.T. (2007). Evaluation for civil commitment of sex offenders: A survey of experts. *Sexual Abuse: A Journal of Research and Treatment*, 19, 409–448.
- Jung, S., Ennis, L., Hermann, C.A., Pham, A.T., Choy, A.L., Coabian, G. & Hook, T. (2015). An evaluation of the reliability, construct validity, and factor structure of the Static-2002R. *International Journal of Offender Therapy and Comparative Criminology*, 1–24.
- Kingston, D.A., Yates, P.M., Firestone, P., Babchishin, K.M. & Bradford, J.M. (2008). Long-term predictive ability of the Risk Matrix 2000: A comparison with the Static-99 and the Sex Offender Risk Appraisal Guide. *Sexual Abuse: A Journal of Research and Treatment*, 20, 466–484.
- Klima, T. & Lieb, R. (2008). *Risk Assessment Instruments to Predict Recidivism of Sex Offenders: Practices in Washington State*. Olympia, WA: Washington State Institute for Public Policy.
- Langevin, R. & Curnoe, S. (2011). Psychopathy, ADHD, and brain dysfunction as predictors of lifetime recidivism among sex offenders. *International Journal of Offender Therapy and Comparative Criminology*, 55(1), 5–26.
- Laub, J.H. & Sampson, R.J. (2001). Understanding desistance from crime. *Crime and Justice*, 28: 1–69.
- Leguizamo, A., Lee, S.C., Jeglic, E.L. & Calkins, C. (2015). Utility of the Static-99 and Static-99R with Latino sex offenders. *Sexual Abuse: A Journal of Research and Treatment*, p. 1–21. Downloaded from sax.sagepub.com at ATSA on March 30, 2016.
- Levenson, J.S. (2009). Sex offense recidivism, risk assessment, and the Adam Walsh Act. *Sex Offender Law Report*, 10(1).

Looman, J. & Abracen, J. (2011). Substance abuse among high-risk sexual offenders: Do measures of lifetime history of substance abuse add to the prediction of recidivism over actuarial risk assessment instruments? *Journal of Interpersonal Violence, 26*(4), 683–700.

Looman, J. & Abracen, J. (2015). The Static-99R: Are there really differences between the normative groups? *International Journal of Offender Therapy and Comparative Criminology, 57*(7), 888–907.

Mann, R.E., Hanson, R.K. & Thornton, D. (2010). Assessing risk for sexual recidivism: Some proposals on the nature of psychologically meaningful risk factors. *Sexual Abuse: A Journal of Research and Treatment, 22*, 191–217.

Maruna, S. & LeBel, T. (2003). Welcome home? Examining the re-entry court concept from a strengths-based perspective. *Western Criminology Review, 4*, 91–107.

McGrath, R.J., Cumming, G.F. & Lasher, M.P. (2012). *SOTIPS: Sex Offender Treatment Intervention and Progress Scale*. Self-published. Retrieved from: www.csom.org/pubs/SOTIPS%20MANUAL%202012.pdf.

McGrath, R.J., Lasher, M.P. & Cumming, G.F. (2011). A Model of Static and Dynamic Sex Offender Risk Assessment. National Institute of Justice, Document Number 236217.

McGrath, R.J., Lasher, M.P. & Cumming, G.F. (2012). The Sex Offender Treatment Intervention and Progress Scale (SOTIPS): Psychometric properties and incremental predictive validity with Static-99R. *Sexual Abuse: A Journal of Research and Treatment, 24*(5), 431–458.

Meehl, P.E. (1954). *Clinical Versus Statistical Prediction: A Theoretical Analysis and a Review of the Evidence*. Minneapolis, MN: University of Minnesota.

Miller, H.A. (2015). Protective strengths, risk, and recidivism in a sample of known sexual offenders. *Sexual Abuse: A Journal of Research and Treatment, 27*(1), 34–50.

Monahan, J. (1981). *Predicting Violent Behavior: An Assessment of Clinical Techniques*. Thousand Oaks, CA: Sage Publications.

Montana, S., Thompson, G., Ellsworth, P., Lagan, H., Helmus, L. & Rhoades, C.J. (2012). Predicting relapse for catholic clergy sex offenders: The use of the Static-99. *Sexual Abuse: A Journal of Research and Treatment, 24*(6), 575–590.

Nafekh, M. & Motiuk, L.L. (2002). *The Statistical Information on Recidivism Revised 1 (SIR-R1) Scale: A Psychometric Examination*. Ottawa, ON: Research Branch, Correctional Service of Canada. Retrieved from: http://dsp-psd.pwgsc.gc.ca/collections/collection_2010/scc-csc/PS83-3-126-eng.pdf.

Nunes, K.L. & Babchishin, K.M. (2012). Construct validity of Stable-2000 and Stable-2007 scores. *Sexual Abuse: A Journal of Research and Treatment, 24*(1), 29–45.

Olver, M.E., Beggs Christofferson, S.M., Grace, R.C. & Wong, S.C.P. (2014). Incorporating change information into sexual offender risk assessments using the Violence Risk Scale–Sexual Offender Version. *Sexual Abuse: A Journal of Research and Treatment, 26*(5), 472–499.

Olver, M.E., Nicholaichuk, T.P., Gu, D. & Wong, S.C.P. (2012). Sex offender treatment outcome, actuarial risk, and the aging sex offender in Canadian corrections: A long-term follow-up. *Sexual Abuse: A Journal of Research and Treatment, 25*(4), 396–422.

Olver, M.E. & Wong, S.C.P. (2011). Assessment of sexual offender risk and need in a treatment context. *Criminal Justice and Behavior*, 38(2), 113–126.

Olver, M.E., Wong, S.C.P., Nicholaichuk, T. & Gordon, A. (2007). The validity and reliability of the Violence Risk Scale—Sex Offender Version: Assessing sex offender risk and evaluating therapeutic change. *Psychological Assessment*, 19, 318–329.

Parent, G., Guay, J. & Knight, R.A. (2011). An assessment of long-term risk of recidivism by adult sex offenders: One size doesn't fit all. *Criminal Justice and Behavior*, 38(2), 188–209.

Parent, G., Guay, J. & Knight, R.A. (2012). Can we do better? The assessment of risk of recidivism by adult sex offenders. *Criminal Justice and Behavior*, 39(12), 1647–1667.

Quesada, S.P., Calkins, C. & Jeglic, E.L. (2014). An examination of the interrater reliability between practitioners and researchers on the Static-99. *International Journal of Offender Therapy and Comparative Criminology*, 58(11), 1364–1375.

Quinsey, V.L., Harris, G.T., Rice, M.E. & Cormier, C.A. (2006). *Violent Offenders: Appraising and Managing Risk*, 2d ed. Washington DC: American Psychological Association.

Seligman, M.P. & Csikszentmihalyi, M. (2000). Positive psychology: In introduction. *American Psychologist*, 55(1), 5–14.

Smallbone, S. & Rallings, M. (2013). Short-term predictive validity of the Static-99 and Static-99R for indigenous and nonindigenous Australian sexual offenders. *Sexual Abuse: A Journal of Research and Treatment*, 25(3), 302–316.

Storey, J.E., Watt, K.A., Jackson, K.J. & Hart, S.D. (2012). Utilization and implications of the Static-99 in practice. *Sexual Abuse: A Journal of Research and Treatment*, 24(3), 289–302.

Swinburne Romine, R.E., Miner, M.H., Poulin, D., Dwyer, S.M. & Berg, D. (2012). Predicting reoffense for community-based sexual offenders: An analysis of 30 years of data. *Sexual Abuse: A Journal of Research and Treatment*, 24(5), 501–514.

Tabachnick, J. & Klein, A. (2011). *A Reasoned Approach: Reshaping Sex Offender Policy to Prevent Child Sexual Abuse*. Beaverton, OR: Association for the Treatment of Sex Abusers.

Thornton, D. (2007). Scoring guide for the Risk Matrix 2000.9/SVC: February 2007 version. Unpublished manuscript. Retrieved from: www.birmingham.ac.uk/Documents/college-les/psych/RM2000scoringinstructions.pdf.

Thornton, D., Hanson, R.K. & Helmus, L. (2011). Moving beyond the standard model for actuarial assessment for sex offenders. *Perspectives: The Quarterly Newsletter of the California Coalition on Sex Offending*. Retrieved from: www.ccoso.org/newsletter.php.

Thornton, D. & Knight, R. (2009). Using SRA Need domains based on structured judgment to revise relative risk assessments based on Static-2002 and Risk Matrix 2000. Presentation at the 28th Annual Research and Treatment Conference of the Association for the Treatment of Sexual Abusers, Dallas, TX.

Thornton, D. & Knight, R.A. (2015). Construction and validation of SRA-FV need assessment. *Sexual Abuse: A Journal of Research and Treatment*, 27(4), 360–375.

Tully, R.T., Shihning, C. & Browne, K.D. (2013). A systematic review on the effectiveness of sex offender risk assessment tools in predicting sexual recidivism of adult male sex offenders. *Clinical Psychology Review, 33*(2), 287–316.

Turner, D., Rettenberger, M., Yoon, D., Klein, V., Eher, R. & Briken, P. (2014). Risk assessments in child sexual abusers working with children. *Sexual Abuse: A Journal of Research and Treatment*, Published Online December 18, 2014; p. 1–25.

U.S. Government Accountability Office (2013). *Sex Offender Registration and Notification Act: Jurisdictions Face Challenges to Implementing the Act, and Stakeholders Report Positive and Negative Effects*. Washington, DC: U.S. Government Accountability Office. Retrieved from: www.gao.gov/assets/660/652032.pdf.

Vrana, G.C., Sroga, M. & Guzzo, L. (2008). Predictive validity of the LSI-R among a sample of adult male sex assaulters. Unpublished manuscript. Ontario, Canada: Nipissing University.

Webster, C.D., Harris, G.T., Rice, M.E., Cormier, C. & Quinsey, V.L. (1994). *Violence Prediction Scheme: Assessing Dangerousness in High Risk Men*. Toronto, ON: University of Toronto, Centre of Criminology.

Wollert, R., Cramer, E., Waggoner, J., Skelton, A. & Vess, J. (2010). Recent research (N = 9,305) underscores the importance of using age-stratified actuarial tables in sex offender risk assessments. *Sexual Abuse: A Journal of Research and Treatment, 22*, 471–490.

Wormith, S.J., Hogg, S. & Guzzo, L. (2012). The predictive validity of a general risk/needs assessment inventory on sexual offender recidivism and an exploration of the professional override. *Criminal Justice and Behavior, 39*(12), 1511–1538.

Chapter 7: Effectiveness of Treatment for Adult Sex Offenders

by Roger Przybylski

FINDINGS

- ◆ Recent systematic reviews and meta-analyses suggest that certain treatment approaches work:
 - Cognitive-behavioral/relapse prevention approaches
 - Adherence to risk-need-responsivity model
- ◆ Treatment impact is not the same:
 - Those offenders who respond to treatment do better than those who do not respond well
 - Moderate- to high-risk offenders benefit most
- ◆ Treatment can reduce sexual recidivism over a 5-year period by 5–8 percent.
- ◆ Recent treatment advances are the self-regulation model and the Good Lives Model.

Introduction

Sex offenders have received considerable attention in recent years from both policymakers and the public. This is due at least in part to the profound impact that sex crimes have on victims and the larger community. Perpetrators of sex crimes have come to be viewed by policymakers, practitioners and, arguably, the public as a unique group of offenders in need of special management practices. Indeed, therapeutic interventions aimed at reducing the likelihood of reoffending have become a staple of contemporary sex offender management practice. (For more on “Sex Offender Management Strategies,” see Chapter 8 in the Adult section.)

According to a recent Safer Society survey (McGrath et al., 2010), 1,307 sex-offender-specific treatment programs were operating in the United States in 2008.¹ That year, treatment programs for sex offenders were operating in all 50 states and the District of Columbia, and more than 80 percent of the programs were community based. Sex offender treatment programs in the United States in 2008 provided therapeutic services to more than 53,811 individuals who had committed sex crimes.

While there is strong scientific evidence that therapeutic interventions work for criminal offenders overall, the effectiveness of treatment for sex offenders remains subject to debate. Inconsistent research findings and the fact that those studies that have found a positive treatment effect have not been randomized controlled trials are two primary factors contributing to the uncertainty about treatment effectiveness.

The mechanisms that lead to sexually abusive behavior vary by offender. Treatment needs vary by offender as well, and treatment effectiveness is likely to vary depending on various individual and contextual factors. Like therapeutic interventions for other criminal offenders, sex offender treatment at its broadest level is a tool

for promoting offender accountability, reducing recidivism and enhancing public safety. Within that context, policymakers should recognize that even modest reductions in recidivism achieved through treatment can translate into fewer victims, reductions in individual and community harm and a positive return on taxpayer investment (Drake, Aos & Miller, 2009; Donato, Shanahan & Higgins, 1999).

Issues to Consider

While there is growing interest in crime control strategies that are based on scientific evidence, determining what works is not an easy task. It is not uncommon for studies of the same phenomena to produce ambiguous or even conflicting results, and there are many examples of empirical evidence **misleading** crime control policy and practice because shortcomings in the quality of the research were overlooked and inaccurate conclusions about an intervention's effectiveness were made (see Sherman, 2003; McCord, 2003; Boruch, 2007). The importance of basing conclusions about what works on highly trustworthy and credible evidence cannot be overstated, and both the quality and consistency of the research evidence always have to be considered.

Because the quality of research studies may vary and it can be difficult for policymakers and practitioners to understand how one study differs from another, brief descriptions of the types of studies discussed in this review are provided below. The defining characteristics of experiments (or randomized controlled trials), quasi-experiments and various forms of synthesis research — specifically, narrative reviews, systematic reviews and meta-analyses — are briefly described here.

Single Studies

In the fields of criminology and criminal justice, there is general agreement that certain types of single studies — namely, well designed and executed experiments or randomized controlled trials — provide the most trustworthy evidence about an intervention's effectiveness (see, e.g., Sherman et al., 1997; MacKenzie, 2006; Farrington & Welsh, 2007). Modeled on laboratory experiments, randomized controlled trials have several key features, most notably the use of random assignment. In random assignment, the researcher randomly decides which study subjects receive the intervention under examination (treatment) and which study subjects do not (control). In randomized controlled trials, subjects in the treatment group and subjects in the control group are compared on outcomes of interest, such as recidivism. A comparatively (and statistically significant) lower rate of recidivism for the subjects in the treatment group would indicate that the treatment being tested worked. The random assignment of subjects creates the optimal study conditions for making causal inferences about the effectiveness of an intervention. In other words, the researcher can reasonably conclude that an observed program result — such as a lower recidivism rate for treated subjects — is due to treatment and not some other factor.

While randomized controlled trials are an important method for determining the effectiveness of an intervention, they can be difficult to implement in real-life settings. Randomized controlled trials are expensive and require a level of organizational (and, at times, community) cooperation that can be difficult to obtain. In addition, there may be resistance to the use of random assignment on the grounds that withholding potentially beneficial treatment from some study subjects for the sake of research is unethical. In practice, various constraints can preclude an evaluator from using a randomized controlled trial, and few of these studies have been employed in the assessment of sex offender treatment.

When a randomized controlled trial cannot be used, researchers examining the effectiveness of an intervention typically employ the next best approach, a quasi-experiment. Many quasi-experiments are similar to randomized controlled trials; however, they do not employ random assignment. These studies typically involve a comparison of outcomes — such as recidivism — observed for treatment participants and a comparison group of subjects who did not receive treatment. In this approach, researchers try to ensure that the treatment and comparison subjects are similar in all ways but one: participation in the treatment

program. This is often accomplished by matching the treatment and comparison offenders on demographics, criminal history, risk level and other factors that are related to the outcome of interest. Sometimes statistical techniques are employed retrospectively to create equivalence between the treated and comparison subjects. When treatment and comparison subjects are closely matched, the study can be capable of producing highly trustworthy findings. But in practice, equivalence between the groups can be hard to achieve, which may result in difficulties in reducing bias and inferring causality. As a result, quasi-experiments are typically less adept at reducing bias and inferring causality than randomized controlled trials (Boruch, 2007; Cook, 2006).² In fact, findings from single studies of treatment effectiveness that did not employ treatment and comparison groups that were closely matched have been typically viewed as untrustworthy (see Beech et al., 2007a, 2007b).

Synthesis Research: Narrative Reviews, Systematic Reviews, and Meta-Analysis

There also is agreement in the scientific community that single studies are rarely definitive (see Lipsey, 2002; Petrosino & Lavenberg, 2007; Beech et al., 2007a). Individual studies with seminal findings exist; however, single studies — even a randomized controlled trial — should be replicated before definitive conclusions about a program’s effectiveness are made, and the effectiveness of an intervention can always best be understood by examining findings from many different studies (Lipsey, 2002; Petticrew, 2007; Petrosino & Lavenberg, 2007). Researchers typically accomplish this by conducting a narrative or systematic review of a large body of research concerning an intervention’s effectiveness.

A narrative review is a qualitative synthesis of findings from many different individual studies.³ Conclusions are made by the reviewer using professional judgment. Narrative reviews have been criticized for their subjectivity and lack of transparency, but they provide a rudimentary mechanism for assessing the general quality and consistency of the research evidence to arrive at a conclusion about whether an intervention works. Narrative reviews were the most common form of synthesis research in the past. Today, researchers primarily rely on a more objective and quantitative process called a systematic review. Unlike a narrative review, a systematic review adheres to a pre-established protocol to locate, appraise and synthesize information from all relevant scientific studies on a particular topic (Petrosino & Lavenberg, 2007).⁴ Methodological quality considerations are a standard feature of most systematic reviews today, and studies that fail to reach a specified standard of scientific rigor are typically excluded from the analysis.⁵ Many systematic reviews rely exclusively on well-designed and executed randomized controlled trials and quasi-experiments to draw conclusions about an intervention’s effectiveness. This helps enhance the trustworthiness of the review findings. A well-designed and executed systematic review produces a comprehensive summary of the scientific evidence on a particular topic, such as whether or not an intervention is effective in reducing recidivism.

Systematic reviews are increasingly incorporating a statistical procedure called meta-analysis to synthesize findings from multiple studies. Meta-analysis enhances the quantitative nature of the review and helps to reduce bias and the potential for erroneous conclusions. In practice, meta-analysis combines the results of many evaluations into one large study with many subjects. This is important, because single studies based on a small number of subjects can produce misleading findings about a program’s effectiveness (Lipsey, 2002). By pooling the subjects from the original studies, meta-analysis counteracts a common methodological problem in evaluation research — small sample size — thereby helping the analyst draw more accurate and generalizable conclusions.⁶ In addition, meta-analysis focuses on the magnitude of effects found across studies rather than their statistical significance. Determining effect sizes is important because, as Lipsey (2002, p. 201) points out, an outcome evaluation of an individual program “can easily fail to attain statistical significance for what are, nonetheless, meaningful program effects.” Hence, effect size statistics provide the researcher with a more representative estimate of the intervention’s effectiveness than estimates derived from any single study or from multistudy synthesis techniques that simply calculate the proportion of observed effects that are statistically significant.

Meta-analysis has been criticized by some researchers, primarily for combining different research approaches in the same analysis or for including studies of different quality — sometimes even studies of very poor quality — to arrive at a single estimate of treatment effectiveness (Petrosino & Lavenberg, 2007). However, advances in methods regarding heterogeneity and methodological variability can be used to address these concerns (see Petrosino & Lavenberg, 2007; Lipsey, 2002; Wilson & Lipsey, 2001). Meta-analyses that are based on prudent exclusionary criteria, that incorporate sophisticated statistical tests to discover potential bias,⁷ and that explore how methodological and contextual variations impact treatment effects are uniquely equipped to provide policymakers and practitioners with highly trustworthy evidence about what works (Petrosino & Lavenberg, 2007; Lipsey, 2002; Wilson & Lipsey, 2001). Still, it is important to recognize that conclusions derived from a review or meta-analysis of poor quality studies are no more trustworthy than conclusions derived from an individual study that lacks scientific rigor (Rice & Harris, 2003). When systematic reviews and meta-analyses are done well, however, they provide the most trustworthy and credible evidence about an intervention's effectiveness.

Summary of Research Findings

Findings From Single Studies

One of the few studies to use a randomized controlled trial design to evaluate the effectiveness of treatment for adult sex offenders was conducted by Marques and colleagues (2005). Widely known as the California Sex Offender Treatment and Evaluation Project, the study examined the effects of a cognitive behavioral/relapse prevention program on the recidivism of sex offenders who were serving prison sentences for child molestation or rape. The research is widely referenced in the literature because of its use of random assignment.

Marques and her colleagues (2005) compared the recidivism rates of 204 sex offenders treated in an intensive treatment program with the recidivism rates of sex offenders in two untreated control groups.⁸ One control group consisted of 225 incarcerated sex offenders who volunteered for treatment but who were randomly selected not to receive it. The other control group consisted of 220 incarcerated sex offenders who did not want treatment. The outcome measures of interest were sexual and nonsexual violent recidivism. No significant differences were found among the three groups in their rates of sexual or violent recidivism. Based on a mean follow-up period of approximately eight years, the observed sexual recidivism rates were 21.6 percent for the sex offenders who completed a year or more of treatment, 20 percent for the sex offenders who volunteered for treatment but who did not receive it and 19.1 percent for the sex offenders who refused treatment.⁹ This null finding — that is, the finding that treatment **did** not lead to a significant reduction in recidivism — persisted for both rapists and child molesters, and for high-risk as well as low-risk offenders. (For a discussion of adult “Sex Offender Risk Assessment,” see Chapter 6 in the Adult section.) Marques and her colleagues (2005, p. 99) concluded the following: “In the context of growing optimism about the benefits of sex offender treatment, this study’s message is, ‘Not so fast, we are still far from understanding how and when treatment works.’”

In discussing their findings, the researchers explored possible explanations for the study’s overall results. Marques and her colleagues (2005) suggested that, despite the use of random assignment, the treatment and control groups likely differed in some important ways. For example, the treated subjects tended to be higher risk, and may have been less motivated or more sexually deviant than control group subjects. In addition, the screening procedures used in the research likely eliminated some of the highest risk offenders from the study. As a result, the intervention may have been too intensive for the offenders in the treatment group. Finally, the treatment program itself did not reflect “state-of-the-art” treatment in several ways (Marques et al., p. 100). For example, the program did not fully adhere to the risk-need-responsivity model of effective intervention

because it did not focus on high-risk offenders and treatment targets included only some dynamic risk factors. (See the discussion of risk-need-responsivity in the section “Findings From Synthesis Research.”) Given the limitations of the study, Marques and colleagues (2005) called for “additional controlled investigations to address the many questions that remain about when and how treatment works for sexual offenders” (pp. 99–100). The researchers emphasized the importance of including appropriate comparison groups in future treatment outcome studies, and they urged researchers who assess the effects of treatment “to control for prior risk by using an appropriate actuarial measure for both treatment and comparison groups” (p. 103).

It is worth noting that some of the subgroup analyses performed in the California Sex Offender Treatment and Evaluation Project study did find a treatment effect. Specifically, high-risk offenders who participated in treatment and demonstrated they “got it” — meaning that they derived benefit from the program, or basically met specified treatment goals — recidivated at a significantly lower rate than offenders who “did not get it.”¹⁰ Only 10 percent of the high-risk treated offenders who “got it” recidivated, compared to 50 percent of the high-risk subjects who “did not get it.” While this finding was based on a small sample — only 38 high-risk study subjects were part of the analysis — a similar finding was observed for treated child molesters who “got it” based on a larger sample of 126 subjects. Individuals with child victims who “got it” recidivated at a significantly lower rate than similar offenders who “did not get it” — 9.3 percent compared to 31.3 percent.¹¹

Another study that did not find overall evidence of a positive treatment effect was conducted by Hanson, Broom and Stephenson (2004). Recidivism rates for 403 sex offenders released from prison into mandated community-based treatment and a comparison group of 321 untreated sex offenders released from prison in earlier years were examined. Based on an average follow-up period of 12 years, no significant differences were found between the treated and untreated sex offenders in terms of their sexual, violent or overall recidivism rates.

Somewhat different results were found in an evaluation of the effectiveness of the national sex offender treatment program operating in prisons in England and Wales in the early 1990s (Friendship, Mann & Beech, 2003).¹² The researchers compared two-year reconviction rates for a sample of 647 prisoners who voluntarily participated in and completed prison-based treatment between 1992 and 1994 and a retrospectively selected sample of 1,910 sex offenders who had been incarcerated but had not participated in treatment. The comparison group members were matched to the treatment sample on year of discharge and risk level. While no significant differences in the two-year sexual reconviction rates were found between the treatment and comparison groups, there was a significant difference between the treatment and comparison group reconviction rates for sexual and violent crimes combined. Treated offenders had a combined sexual and violent two-year reconviction rate of 4.6 percent, compared to a rate of 8.1 percent for the untreated comparison offenders (Friendship, Mann & Beech, 2003).

Significant differences were also found for the medium-low-risk and medium-high-risk offender groups.¹³ For low-risk and high-risk offenders, treated offenders had a slightly lower rate of recidivism than the untreated offenders, but the differences were not statistically significant. Overall, the treatment effects found in the analysis persisted when factors linked to recidivism (such as risk level and prior criminal history) were statistically controlled. Based on their findings, the researchers cautiously concluded that the treatment program had an impact on reconvictions for sexual and violent offenses combined.

Friendship, Mann and Beech (2003) point out that treatment should not be expected to have the same effect on all sexual offenders, as success can depend on various factors, including the treatment climate, program delivery and how the participant responds to treatment. With this in mind, researchers are increasingly examining whether a positive treatment effect is found for a particular subgroup of treated offenders, even if positive treatment effects are not observed for program participants overall. The California Sex Offender Treatment and Evaluation Project study discussed above is an important example (Marques et al., 2005). The study is frequently cited as evidence that treatment for sex offenders is not effective, yet some of the treatment subgroups — such as high-risk offenders who “got it” — demonstrated significantly lower rates of

recidivism than their comparison group counterparts. Beech and colleagues (2001) reported a somewhat similar finding in their study that examined sexual reconviction rates for 53 sex offenders six years after participating in community-based treatment. Offenders who were responsive to treatment (based on a positive change in pro-offending attitudes) were less likely to sexually recidivate than offenders who were not.

Offenders who were responsive to treatment — based on a positive change in pro-offending attitudes — were less likely to sexually recidivate than offenders who were not.

Olver, Wong and Nicholaichuk (2008) conducted a treatment outcome study that examined the effects of a high-intensity sex offender treatment program in a Canadian prison. The program employed a cognitive-behavioral approach and it subscribed to the risk-need-responsivity model of effective correctional intervention. The 2008 study was an extension of an earlier evaluation that found that sex offender treatment worked for both first-time and repeat sex offenders. In this study, 14.5 percent of treated offenders were convicted of new sexual offenses compared to 33.2 percent of the untreated comparison group offenders, based on an average follow-up period of six years (Nicholaichuk et al., 2000).¹⁴ A higher proportion of treated offenders (48 percent) compared with untreated offenders (28.3 percent) also remained out of prison during the follow-up period. Treatment, however, did not appear to affect the rate at which new nonsexual crimes were committed.

The 2008 study was more rigorous than the original study. It was based on a larger sample size (472 treated and 265 untreated sex offenders) and a longer follow-up period. It also incorporated survival analysis, statistical controls of several factors that have been empirically linked to sexual recidivism (such as time at risk, age at release and sexual offending history), and an intent-to-treat design.¹⁵ Sexual reconviction rates were examined across follow-up periods of various lengths of time. Significant differences between the recidivism rates of treated and untreated offenders were found at each follow-up period (see Table 7-1).

Table 7-1. Sexual Reconviction Rates

	Sexual Reconviction Rate, by Follow-up Period (%)		
	3 Years	5 Years	10 Years
Treated offenders	11.1	16.9	21.8
Untreated offenders	17.7	24.5	32.3

Note: Differences between treated and untreated offenders are statistically significant: 3 years ($p = 0.012$), 5 years ($p = 0.023$), 10 years ($p = 0.030$).

Source: Olver, Wong and Nicholaichuk (2008).

Positive treatment effects persisted after controlling for age and sexual offending history. In addition, survival analysis indicated that positive treatment effects persisted over time. Olver, Wong and Nicholaichuk (2008, p. 533) stated:

In conclusion, the present study provides empirical support to indicate that a high-intensity treatment program for moderate- to high-risk sex offenders that follows the “what works” principles can yield reductions in sexual recidivism in both the shorter- and longer-term, even after potentially confounding variables were controlled for. In short, treatment appeared to “work” for this group of sex offenders.

A recent study of prison-based sex offender treatment in Minnesota also found positive results. Researchers examined treatment effectiveness using a sample of 2,040 sex offenders released from prisons in Minnesota between 1990 and 2003 (Duwe & Goldman, 2009). This study used propensity score matching to create the study's comparison group — a sophisticated statistical technique for achieving greater equivalence between the treatment and comparison offenders. The researchers examined recidivism outcomes for 1,020 sex offenders who received treatment while incarcerated and 1,020 matched comparison sex offender inmates who had not received treatment. The average follow-up period was 9.3 years. After controlling for other factors, study results showed that participating in treatment significantly reduced the likelihood and pace of recidivism (Table 7-2).

Table 7-2. Rearrest Recidivism Rates

	Rearrest Recidivism Rate, by Offense Type (%)		
	Sex Offense	Violent Offense	General Offense
Treated offenders	13.4	29	55.4
Untreated offenders	19.5	34.1	58.1

Note: Significant at $p < 0.01$.

Source: Duwe and Goldman (2009).

Other studies examining the effectiveness of prison-based treatment for sexual offenders also have found positive results. McGrath and colleagues (2003), for example, examined the recidivism rates of 195 adult male sex offenders who were referred to a prison-based cognitive-behavioral treatment program. Fifty-six offenders completed treatment, 49 entered but did not complete treatment and 90 refused treatment services. The study subjects were similar in terms of their pretreatment risk for sexual recidivism. The researchers found a sexual recidivism rate of 5.4 percent for the sex offenders who completed treatment, based on an average follow-up period of approximately six years. Far higher sexual recidivism rates were found for the offenders who did not complete treatment and for those who refused treatment: 30.6 percent and 30 percent, respectively.

A 2003 study of a prison-based sex offender treatment program in Colorado also found positive results (Lowden et al., 2003). The program employed a cognitive-behavioral approach within a therapeutic community environment. Results showed that participation in treatment was significantly related to success on parole. Sex offenders who completed treatment and participated in aftercare had revocation rates three times lower than untreated sex offenders.¹⁶ The length of time that an offender participated in treatment was related to positive outcomes after release. Each additional month spent in the therapeutic community increased the likelihood of success upon release by 1 percent (12 percent per year). Seventy-nine percent of inmates who participated in therapeutic community treatment and who were released on parole were arrest-free after three years, compared to 58 percent of former sex offender inmates released on parole who did not participate in treatment.¹⁷

Zgoba and Simon (2005) examined the effectiveness of prison-based treatment in New Jersey. Although results did not show a positive treatment impact on sexual recidivism, treatment was found to reduce nonsexual recidivism. The study sample included 495 treated offenders from the state's only sex-offender-specific prison. Sexual and nonsexual recidivism rates for the treated sex offenders were compared with those for a sample of 223 sex offenders from the general prison population who did not receive treatment. All study subjects were released from prison during a three-year period (1994–97). Based on this follow-up period, about 9 percent of the treated sex offenders were reconvicted of a sexual offense, compared to 8.2 percent of the nontreated sex offenders released from the general prison population. However, only 12.3 percent of the treated sex offenders had a nonsexual reconviction, compared to 26.8 percent of the nontreated sex offenders.

Several studies concerning sex offender treatment have been conducted by the Washington State Institute for Public Policy. In one study, Barnoski (2006a) examined the effectiveness of Washington's Specialized Sex Offender Sentencing Alternative. Under the sentencing alternative, certain felony sex offenders are granted, in lieu of imprisonment, a special sentence that involves some jail time, community supervision and outpatient treatment (Barnoski, 2006a). The evaluation found that the sexual and violent crime recidivism rates for offenders granted a sentencing alternative were consistently lower than the rates for other types of sex offenders. Barnoski (2006b) also examined the effectiveness of a prison-based sex offender treatment program in Washington that uses a combination of treatment techniques, including group therapy, psychoeducational classes, behavioral treatment and family involvement. The study found that the program did not reduce the recidivism rates of program participants.

Finally, Kriegman (2006) reanalyzed data from two studies that examined the recidivism rates of sex offenders.¹⁸ After a five-year follow-up, the "more dangerous" (treated) offenders in the analysis had a significantly lower rate of recidivism than the "less dangerous" (untreated) offenders.¹⁹ In fact, the observed recidivism rate for the untreated offenders was twice as high as the rate for the offenders who received treatment — 38 percent compared to 19 percent.²⁰

In summary, several single examinations designed to evaluate the effectiveness of treatment for adult sex offenders have been conducted in recent years. While only one of these studies employed an experimental design, the scientific rigor of recent research has improved relative to studies conducted years ago. Recent research more frequently employed matched comparison groups, statistical controls of factors that are linked to treatment effects, lengthier follow-up periods and propensity score matching. **Findings from single studies of sex offender treatment conducted within the past 10 years remain somewhat inconsistent, but the weight of the evidence from more rigorous studies suggests that treatment — particularly cognitive behavioral approaches — can have a positive effect.**

Findings From Synthesis Research

One of the most influential early reviews of sex offender treatment outcome research was conducted by Furby, Weinrott and Blackshaw (1989). Based on a review of 42 individual studies, the researchers concluded that, due to methodological shortcomings and inconsistent findings, very little is known about the effectiveness of sex offender treatment. More recently, the U.S. General Accounting Office (1996), now called the U.S. Government Accountability Office, published a review of sex offender treatment research based on 22 other reviews covering 550 studies. In this 1996 report, the office reported to Congress that definitive conclusions about the effectiveness of sex offender treatment could not be made. While both of these early reviews produced inconclusive results at best, systematic reviews conducted more recently have produced more positive, albeit qualified findings.

Two exceptions to the pattern of recent positive review findings come from synthesis studies that examined the effectiveness of psychological interventions for sex offenders. It is important to note that both studies relied exclusively on findings from randomized controlled trials; evaluations that did not employ a randomized design were excluded from the analysis. The first, a systematic review conducted by Kenworthy and colleagues (2004), examined the findings from nine studies, all randomized controlled trials, and the researchers concluded that due to limited data the effects of treatment are unclear. The second, a meta-analysis of 10 studies (again, all randomized controlled trials) conducted by Dennis and colleagues (2012) also was unable to reach firm conclusions about the effectiveness of psychological treatment for sexual offenders. While the researchers did find some encouraging findings in two of the studies included in their meta-analysis, they stated that "the inescapable conclusion of this review is the need for further randomized controlled trials" (2012, p. 2).

An earlier meta-analysis of 43 studies of psychological treatment for sex offenders conducted by Hanson and colleagues (2002) produced somewhat different results.²¹ The study was based on a total of 5,078 treated offenders and 4,376 untreated offenders. Average follow-up periods ranged from one to 16 years, with a median of 46 months. Hanson and his colleagues found that treatment produced a small but statistically significant reduction in both sexual and overall recidivism.²² The researchers also reported that newer treatment programs were found to have a positive treatment effect, while older treatment programs were associated with a small but not statistically significant increase in sexual recidivism. In discussing their findings, Hanson and colleagues (2002, p. 186) stated, "We believe that the balance of available evidence suggests that current treatments reduce recidivism, but that firm conclusions await more and better research."

The meta-analysis conducted by Hanson and colleagues (2002) was criticized by Rice and Harris (2003) for its reliance on poor-quality studies. Rice and Harris described the methodological shortcomings of many of the studies in the meta-analysis and argued that the positive, albeit tentative, conclusions drawn by Hanson and colleagues were not justified. More broadly, Rice and Harris (2003) concluded, "... the effectiveness of psychological treatment for sex offenders remains to be demonstrated" (p. 428) and "... it is abundantly clear that any conclusions about the effectiveness of psychological therapy await many more random assignment studies" (p. 437).

While the Rice and Harris critique of the meta-analysis is a constructive and valuable treatise on threats to validity and the hazards of weak inference, it is important to recognize that the quality of a study and the credibility of its findings can be viewed differently by different researchers. As Beech and colleagues (2007a, pp. 1–2) pointed out in their discussion of methodological quality considerations in sex offender treatment research:

The problem facing the field of sex offender research is that the best studies identified by Rice and Harris (2003), by Kenworthy et al. (2004) and by Hanson et al. (2002) were all different. It was not that one group of researchers was more lenient or more restrictive than another concerning study quality; the problem is that most of the studies rated as credible by one group were considered inherently biased by the other groups.

In fact, Craig, Browne and Stringer (2003) reported that 18 of the 19 treatment studies published between 1995 and 2003 demonstrated positive treatment effects, and a third of those used sound methodological techniques. While there are well-constructed guidelines and tools available that promote objectivity and reliability in the assessment of methodological rigor, differences of opinion about the quality and scientific value of certain methods or individual studies are not uncommon.

Lösel and Schmucker's (2005) study of sex offender treatment effectiveness employed one of criminology's most commonly used tools for evaluating the quality of a study: the Maryland Scientific Methods Scale. This tool is used to assess the methodological quality of a study along a number of dimensions, including the following:

- The study's ability to control outside factors and eliminate major rival explanations for an intervention's effects.
- The study's ability to detect program effects.
- Other considerations, such as attrition and the use of appropriate statistical tests (Sherman et al., 1998).

Using the Scientific Methods Scale, Lösel and Schmucker (2005) excluded any studies that did not employ a control/comparison group. Altogether, 69 independent studies and 22,181 subjects were included in the analysis, making it one of the largest meta-analyses of studies of the effectiveness of sex offender treatment ever undertaken. In 40 percent of the comparisons, equivalence between the group of study subjects who received treatment and the group of comparison subjects who did not receive treatment was either

demonstrated or it could be assumed. Nearly one-half of the comparisons in the analysis addressed cognitive-behavioral programs. About one-half were based on programs operating in an institutional setting. Significant differences between the recidivism rates of treated and untreated offenders were found (see Table 7-3).

Table 7-3. Recidivism Rates, per Meta Analysis

	Recidivism Rate, by Offense Type (%)		
	Sex Offense*	Violent Offense	Any Offense
Treated offenders	11.1	6.6	22.4
Untreated offenders	17.5	11.8	32.5

Note: Significant at $p < 0.01$.

*Recidivism rates based on n -weighted averages. Unweighted average recidivism rates: 12 percent for treated and 24 percent for untreated. Average follow-up period: slightly more than 5 years.

Source: Lösel & Schmucker (2005).

Lösel and Schmucker (2005) also found that physical treatments had larger treatment effects. Among psychological treatments, however, cognitive-behavioral treatments and behavior therapy had significant treatment effects. **Treatment effects also were greater for sex offenders who completed treatment, as dropping out of treatment doubled the odds of recidivating.**

Even though the study protocol excluded studies that either did not employ a control/comparison group or those that only compared treatment completers and treatment dropouts, only six of the studies in the meta-analysis employed a randomized design.²³ In addition, equivalence between the treatment and comparison groups could not be assumed in about 60 percent of the studies in the analysis. This led Lösel and Schmucker (2005, p. 135) to suggest that one should draw “very cautious” conclusions from the study. In discussing their findings, Lösel and Schmucker (2005, p. 135) stated:

The most important message is an overall positive and significant effect of sex offender treatment.... Sex offender treatment also has an effect on general recidivism.... Obviously, effective programs do not just influence sexually motivated problem behavior but also have a broader impact on criminality.

Effective programs do not just influence sexually motivated problem behavior; they also have a broader impact on criminality (Lösel & Schmucker, 2005).

In 2015, Schmucker and Lösel published an update of their original study using a slightly different, but arguably more robust methodology. In addition to including more recent research, the 2015 update was based exclusively on studies with equivalent treatment and control groups. Overall, 29 eligible comparisons containing a total of 4,939 treated and 5,448 untreated sexual offenders were included in the analysis. Unlike the original study, all of the comparisons in the 2015 meta-analysis evaluated psychosocial treatment approaches, and most were cognitive behavioral programs. Treatment, offender and methodological characteristics also were examined to identify various factors that moderated treatment effectiveness.

Schmucker and Lösel found that treated offenders had a mean sexual recidivism rate of 10.1 percent, and that without treatment the recidivism rate would have been 13.7 percent, a statistically significant difference of 3.6 percentage points,²⁴ or 26.3 percent reduction in sexual recidivism. Although only 13 of the studies in the meta-analysis reported data on general recidivism, the researchers were able to conclude that treatment did indeed reduce both sexual and general offending. Treated offenders in the analysis had a general

recidivism rate of 32.6 percent on average compared to an expected general recidivism rate of 41.2 percent without treatment, a statistically significant difference of 8.6 percentage points,²⁵ or a 26.4 percent reduction in general recidivism.

The overall treatment effects found by Schmucker and Lösel in their 2015 meta-analysis did contain heterogeneity, and this was primarily due to offender and treatment characteristics. Variation in the effects of treatment on sexual recidivism attributed to offender and program characteristics is discussed in the two paragraphs below. Methodological variation across the underlying studies in the meta-analysis did not influence observed effect sizes in a significant way.

Arguably, one of the most important findings regarding the moderation of treatment effects was related to risk of offending. A strong linear relationship was found between offender risk levels and treatment effectiveness, as treatment effects increased as the risk levels of the offenders participating in treatment increased. Simply put, larger treatment effects were found for higher-risk offenders, while treatment for low-risk offenders was not effective at all. This finding comports with previous research demonstrating the importance of following the risk-need-responsivity model in the treatment of offenders who have sexually offended.

Several other findings from the moderator analysis are noteworthy. First, while cognitive-behavioral treatment modalities yielded a significant reduction in sexual recidivism, other psychotherapeutic approaches did not. Second, treatment was equally effective for those who entered treatment on a voluntary or mandatory basis. This finding means that treatment initiated as a result of the external pressures of the criminal justice system can indeed be successful, and it “points to the important role of change motivation as a process (e.g., Prochaska and Levesque, 2002) and techniques such as motivational interviewing” (Schmucker and Lösel, 2015, p. 21).²⁶ Third, there was a tendency for community-based treatment to demonstrate higher levels of effectiveness than prison-based treatment. And finally, although confounding variables may be at work, findings from the moderator analysis suggest that incorporating individual therapeutic sessions in the treatment format produces better recidivism reduction results.

In discussing their findings, Schmucker and Lösel (2015, p. 21) stated, “The results suggest that treatment can effectively reduce recidivism in sexual offenders.” But the researchers also acknowledged that more high-quality research, especially randomized controlled trials, are needed to unambiguously demonstrate treatment effectiveness and definitively answer questions about what types of treatment work best for which offenders in which situations. They pointed out that there is a need for more research on the treatment process and the way various program features influence treatment effectiveness, and they argued that future research should take into account what is known about various sub-types of sexual offenders so that the relationship between offender characteristics and treatment success is better understood. Finally, they called for better documentation of treatment concepts and their implementation in future research, as poor descriptive validity and insufficient documentation are chronic problems that impede our understanding of causal mechanisms and the nuances of treatment effectiveness.

Another important meta-analysis was conducted by MacKenzie (2006). Her analysis of 28 evaluations extended the earlier work by Gallagher and colleagues (1999), examining the effectiveness of sex offender treatment. The original meta-analysis by Gallagher and colleagues found evidence that cognitive-behavioral approaches with relapse prevention components are effective at reducing recidivism. Sex offenders treated with cognitive-behavioral/relapse prevention techniques recidivated at a rate that was 8 percentage points below that of comparison sex offenders.

MacKenzie’s (2006) meta-analysis is important not only because the review protocol excluded studies that did not employ a no-treatment comparison group, but also because it included an analysis of treatment effects based only on highly rigorous evaluations.²⁷ MacKenzie found that treated sex offenders had a significantly lower rate of recidivism than untreated sex offenders. The average recidivism rate was 12 percent for the

treated offenders in the analysis, compared to 22 percent for the untreated comparison offenders.²⁸ Because large differences in effect sizes were found across studies, MacKenzie examined how various substantive and methodological characteristics of the studies affected treatment outcomes. In one analysis, the effects of various treatment types were examined using only studies of high methodological quality. **Based only on these high-quality studies, MacKenzie found that cognitive-behavioral/relapse prevention treatment, behavioral treatment and hormonal medication significantly reduced sexual recidivism.**²⁹ For sex offenders receiving cognitive-behavioral/relapse prevention treatment, the average recidivism rate was 9 percent, compared to an average recidivism rate of 21 percent for untreated comparison sex offenders. No significant differences were found based on whether treatment was delivered by a criminal justice agency or other organization or whether treatment was delivered in an institution or in the community. MacKenzie concluded that sex offender treatment programs using cognitive-behavioral/relapse prevention approaches are effective at reducing recidivism.³⁰

As previously mentioned, several studies concerning the effectiveness of sex offender treatment have been conducted by Washington State Institute for Public Policy, which is widely recognized for its work regarding meta-analysis and cost-benefit analysis. As part of a larger study on evidence-based public policy options to reduce crime and criminal justice system costs, **Drake, Aos and Miller (2009) conducted a meta-analysis of six rigorous studies of adult sex offender treatment with aftercare and found that these programs reduced recidivism, on average, by 9.6 percent. In addition, these programs produced a net return on investment of more than \$4,000 per program participant, or more than \$1.30 in benefits per participant for every \$1 spent.**

Another important meta-analysis was recently conducted by Hanson and colleagues (2009). The study's primary aim was to determine whether the risk-need-responsivity model associated with effective interventions for general offenders also applied to sex offender treatment. The risk-need-responsivity model emerged from more than 30 years of research on interventions for criminal offenders. This research has produced a body of evidence that clearly demonstrates that rehabilitation works (Gendreau & Ross, 1987; Lipsey & Cullen, 2007; Joliffe & Farrington, 2007). It also has demonstrated that effective interventions share a common set of features. These common characteristics form what criminologists Don Andrews, Paul Gendreau and their colleagues have called the "principles of effective intervention" (Andrews, 1995; Gendreau, 1996; Gendreau, Goggin & Smith, 1999; Andrews & Dowden, 2005). Three of these are commonly known as the risk-need-responsivity principles:

1. Higher-risk offenders are more likely to benefit from treatment than lower-risk offenders. This is the **risk principle**. In practice, more intensive levels of treatment should be reserved for higher-risk offenders. In fact, using high levels of treatment with low-risk offenders is not only inefficient, it can actually increase recidivism (Lovins, Lowenkamp & Latessa, 2009; Wilson, 2007).
2. To effectively reduce recidivism, programs should target the criminogenic needs of higher-risk offenders. This is the **need principle**. Criminogenic needs are dynamic risk factors that are related to subsequent offending, such as substance abuse or an antisocial lifestyle. Dynamic risk factors can be changed through programming, whereas static risk factors, such as criminal history and age at first arrest, cannot.
3. Successful programs are responsive to the motivation, cognitive ability and other characteristics of the offender. This is the **responsivity principle**. In essence, therapeutic interventions must be tailored to the learning style and capabilities of the offender.

Research has demonstrated that programs incorporating the risk-need-responsivity model are far more effective at reducing recidivism than those that do not (Andrews & Bonta, 2006). Given the strong scientific evidence supporting the efficacy of treatment for offenders overall, and the role that risk-need-responsivity plays in effective treatment, there is a growing interest in applying the risk-need-responsivity model to treatment for sex offenders.

Although Hanson and colleagues (2009) sought to test the relevance of the risk-need-responsivity model for sex offender treatment, a secondary aim was to assess treatment effectiveness using only studies that met a minimum level of scientific rigor. Using the Guidelines of the Collaborative Outcome Data Committee, which were explicitly developed to assess the quality of research on sex offender treatment outcomes, the researchers excluded from the analysis more than 100 potentially relevant studies because they did not meet minimum levels of study quality. However, of the 23 studies that were finally included in the analysis, only five (22 percent) were rated as good in terms of methodological quality; 18 were rated as weak. Based on an average follow-up period of 4.7 years, Hanson and colleagues found average sexual recidivism rates of 10.9 percent for treated offenders and 19.2 percent for the untreated comparison offenders.³¹ The average overall recidivism rate was 31.8 percent for treated sex offenders and 48.3 percent for untreated comparison subjects. The researchers also found that adhering to the risk-need-responsivity model increased treatment effectiveness. While treatment that adhered to one or two of the principles was **more** effective than treatment that did not adhere to any of the principles, treatment that adhered to all three principles was most effective.

A study by Lovins, Lowenkamp and Latessa (2009) examined the direct effects of the **risk principle** on sex offenders. The researchers sought to determine whether intensive treatment was more effective for higher-risk sex offenders and whether less-intensive treatment had greater effects for lower-risk sex offenders. The study sample included 348 sex offenders paroled from a state correctional institution. Of this sample, 110 were released to a halfway house for residential sex offender treatment and 238 were released directly to the community. While offenders released directly to the community may have received outpatient treatment, sex offenders released to a halfway house were subjected to a more intensive level of treatment. The researchers examined general recidivism but not sexual recidivism in the study. Study subjects were categorized based on their assessed risk levels.

Results showed that intensive treatment was effective in reducing recidivism for all risk categories of offenders, except low-risk offenders. In fact, high-risk offenders who completed intensive residential treatment were more than two times less likely to recidivate than high-risk sex offenders who did not receive intensive treatment. Conversely, low-risk sex offenders who received intensive treatment were 21 percent **more** likely to recidivate than low-risk sex offenders who were released directly to the community. These findings lend further support to the importance of the principles of effective intervention in sex offender treatment programming.

While there is growing recognition that treatment effectiveness can be moderated by a number of factors, and that a one-size-fits-all approach to treatment is ineffective, there is a paucity of research on the effectiveness of various treatment approaches with specific sub-types of sexual offenders. Two recent studies, however, have attempted to synthesize the evidence produced in high-quality studies of treatment interventions for adult offenders who have sexually abused children. Unfortunately, both studies were unable to draw firm conclusions about the treatment approaches they examined. In a systematic review based on only five studies, Långström et al. (2013) reported there was insufficient evidence to draw conclusions regarding the benefits and risks of psychological treatments or pharmacotherapy (i.e., antiandrogenic drugs) when used specifically with adults who sexually abuse children. Similarly, Gronnerd et al. (2015, p. 280) published a meta-analysis involving 14 studies that focused on psychological treatment of sexual offenders against children and reported that their results failed to establish any effect of treatment of sexual offenders against children. In discussing their findings, the researchers went on to state that "(d)espite a large amount of research, only a tiny fraction of studies meet a minimum of scientific standards, and even fewer provide sensible and useful data from which it is possible to draw conclusions."

Finally, two other reviews completed in recent years deserve brief mention, as they also have reported positive treatment effects. Luong and Wormith (2006) conducted a meta-analysis of 30 studies and found that sex offenders who received treatment recidivated at a significantly lower rate than sex offenders who did not receive treatment. The researchers reported that for every 100 untreated sex offenders who sexually recidivate, 82 treated sex offenders will do so. Again, cognitive-behavioral approaches were associated with significant

reductions in both sexual and general recidivism.³² Prentky, Schwartz and Burns-Smith (2006, p. 5) conducted a narrative review of treatment effectiveness studies and concluded that “the most reasonable estimate at this point is that treatment can reduce sexual recidivism over a five-year period by 5–8 percent.”

Given the increasing number of systematic reviews and meta-analyses that have examined the effectiveness of treatment for sexual offenders, a handful of researchers have attempted to draw conclusions about treatment effectiveness by examining findings exclusively from prior synthesis research. For example, Przybylski (2008, p. 53) reviewed systematic reviews of sex offender treatment effectiveness that were conducted prior to 2008, many incorporating meta-analysis, as part of a larger review of what works to reduce recidivism. He concluded that “the most recent scientific evidence suggests that certain types of sex offender treatment can reduce recidivism.”

More recently, Corabian, Dennett and Harstall (2011) reviewed synthesis studies published since 1998 in order to assess the effectiveness of psychotherapy and pharmacotherapy in reducing the recidivism of adult sexual offenders. Eight systemic reviews were examined in their study, with seven of the reviews being moderate- to high-quality in their scientific rigor. The underlying research was based primarily on American and Canadian samples of offenders. Most of the studies provided little or no information on the characteristics of the offenders in treatment, and none reported results for different sub-types of sexual offenders. Based on their analysis of the seven moderate-to-high quality systematic reviews, Corabian and her colleagues (2011, p. 16) concluded that cognitive behavioral therapy delivered within programs adhering to the risk-need-responsivity model has the potential to reduce sexual and nonsexual recidivism. However, given the methodological limitations of the underlying research, the researcher stated, “It was difficult to draw strong conclusions about the effectiveness of [sex offender treatment] programs using various [cognitive behavioral therapy] approaches for such a heterogeneous population.”

Finally, based on a review of 11 meta-analyses that examined the effectiveness of treatment for sexual offenders, Kim, Benekos and Merlo (2016, p. 114) concluded that “treatments can be considered as proven or at least promising.” All 11 meta-analyses they reviewed produced evidence that treatment works, with the five meta-analyses conducted since 2002 finding larger treatment effects (an overall 22 percent reduction in recidivism) than those conducted between 1995 and 2002 (an overall 10 percent reduction in recidivism).

Findings from systematic reviews and meta-analyses conducted in recent years suggest that certain treatment approaches can and do work.

While researchers agree that the evidence concerning the effectiveness of treatment for sex offenders is far from definitive, findings from systematic reviews and meta-analyses conducted in recent years suggest that certain sex offender treatment approaches can and do work. Specifically, cognitive-behavioral/relapse prevention approaches appear to be effective in reducing recidivism, whether delivered in an institutional or community-based setting. The empirical evidence also demonstrates, however, that differential treatment impacts are likely to occur for different offenders. Adhering to the risk-need-responsivity model of effective intervention appears to be important. **Matching treatment to the risk levels and criminogenic needs of sex offenders may help maximize treatment effectiveness and the return on investment of treatment resources.**

Adhering to the risk-need-responsivity model is important. High- and moderate-risk offenders benefit most from treatment.

Based on findings from a recent Safer Society survey (McGrath et al., 2010), sex offender treatment programs operating in the United States in 2008 most frequently identified cognitive-behavioral therapy as one of the top three theoretical models that best described their treatment approach (McGrath et al., 2010). Relapse prevention therapy was the second most frequently identified model, but the number of programs endorsing relapse prevention has fallen since 2002. McGrath and colleagues (2010, p. vii) speculated that the decrease in the use of the relapse prevention model likely reflects the “considerable criticism leveled by practitioners and researchers against relapse prevention in recent years,” specifically the criticisms that relapse prevention describes only one pathway to offending and that it overemphasizes risk avoidance as opposed to individual strengths and goals.

McGrath and his colleagues (2010) also reported that about one-third of the treatment programs in the United States responding to the Safer Society survey identified the Good Lives Model and about one-quarter identified the self-regulation model as one of the top three theoretical models that best described their treatment approach. These two models — Good Lives and self-regulation — are designed, at least in part, to address some of the perceived shortcomings of the relapse prevention model. (For more on the self-regulation model, see Chapter 3: “Sex Offender Typologies,” in the Adult section.)

The Good Lives Model is grounded in the belief that sex offenders, like most individuals, seek to achieve psychological well-being and that offenders desist from criminal behavior when prosocial behavior provides a more fulfilling life. Rather than focusing solely on risk avoidance and management, this model attempts to equip sex offenders with the skills, attitudes and resources needed to lead a prosocial, fulfilling life, thereby reducing the likelihood of reoffending. The self-regulation model postulates that sex offenders follow different pathways to offending behavior and that treatment will be most effective if it takes those pathways into account. Four different offense pathways are identified in the self-regulation model, and they address both an individual’s offending behavior goals and the manner in which the individual tries to reach them (Yates & Kingston, 2006). The self-regulation model was recently integrated with the Good Lives Model to create a more comprehensive treatment approach for managing risk and helping sex offenders develop prosocial lifestyles.

The integrated Good Lives/self-regulation model approach to treatment has become more prevalent. Research examining the effectiveness of this approach with sexual offenders is needed.

While there is both statistical and anecdotal evidence suggesting that the use of the Good Lives/self-regulation treatment approach has become more prevalent, little is known about the efficacy of these treatment models (either alone or in tandem) for reducing the recidivism of sex offenders. To date, studies have focused on validating the Good Lives and self-regulation models for sex offenders or discovering within-treatment change (Yates & Kingston, 2006; Yates et al., 2009; Kingston, Yates & Firestone, 2012). While there is growing interest in the Good Lives/self-regulation approach — and research is beginning to lay the requisite empirical foundation of support — research has not yet examined whether the approach is effective at reducing recidivism among sex offenders.

Summary

Given the impact sex crimes have on victims and the larger community, and the growing number of sex offenders under correctional supervision, the need for knowledge about criminal justice interventions that are effective at reducing the recidivism of sex offenders may be greater today than ever before.

While there is strong scientific evidence that therapeutic interventions work for criminal offenders in general, the effectiveness of treatment for sex offenders has been the subject of considerable debate. Inconsistent research findings and measurement shortcomings have contributed to the uncertainty about treatment effectiveness, but both the pattern of findings and quality of the evidence have changed in recent years.

This review examined the evidence on treatment effectiveness from both individual studies and synthesis research conducted during the past 20 years. While there is agreement among researchers that the knowledge base is far from complete, the evidence suggests that certain therapeutic interventions for sex offenders can and do work. Specifically, cognitive-behavioral/relapse prevention approaches have been identified as being effective at reducing both sexual and nonsexual recidivism.

Cognitive-behavioral/relapse prevention approaches appear to be effective.

Because so few studies of treatment effectiveness have employed an experimental design — and randomized controlled trials have not produced clear evidence of a treatment effect — some researchers will likely disagree that a positive conclusion about treatment effectiveness is warranted. While there is an undeniable need for more high-quality research on treatment effectiveness, especially well-designed and well-executed randomized controlled trials, there are several reasons why it is reasonable to conclude, albeit cautiously, that some treatment approaches can produce at least moderate reductions in recidivism for some sex offenders.

TREATMENT EFFICACY

There are several reasons why it is reasonable to conclude, albeit cautiously, that some treatment approaches can produce at least moderate reductions in recidivism for some sex offenders:

- A relatively consistent pattern of positive findings has emerged from recent research.
- Systematic reviews and meta-analyses that employ more advanced and scientifically rigorous methods consistently indicate that treatment works.
- Recent studies have found positive treatment effects for various subgroups of treatment participants, even when positive treatment effects were not discovered for the entire treatment sample.

First, a relatively consistent pattern of **positive** findings has emerged from recent research, and studies of treatment effectiveness conducted in recent years have generally improved in quality. More and more findings are based on studies employing matched comparison groups or statistical controls to achieve treatment and comparison group equivalence.

Second, systematic reviews and meta-analyses that employ more advanced and scientifically rigorous methods consistently indicate that treatment works. For example, using only high-quality studies, MacKenzie (2006) found that cognitive-behavioral/relapse prevention treatment, behavioral treatment, and hormonal medication significantly reduced sexual recidivism. For sex offenders receiving cognitive-behavioral/relapse prevention treatment, MacKenzie found an average recidivism rate of 9 percent, compared to an average

recidivism rate of 21 percent for untreated sex offenders. No significant differences were found based on whether treatment was delivered by a criminal justice agency or other organization or whether treatment was delivered in an institution or in the community. Drake, Aos and Miller's (2009) meta-analysis of six highly rigorous studies of adult sex offender treatment with aftercare found that these programs reduced recidivism, on average, by 9.6 percent. In addition, these programs produced a net return on investment of more than \$4,000 per program participant. Finally, Schmucker and Lösel (2015) found that treated offenders had a mean sexual recidivism rate of 10.1 percent, and that without treatment the recidivism rate would have been 13.7 percent, a statistically significant difference of 3.6 percentage points,³³ or 26.3 percent reduction in sexual recidivism. Treatment was effective in reducing general recidivism as well.

Third, recent studies have found positive treatment effects for various subgroups of treatment participants, even when positive treatment effects were not discovered for the entire treatment sample. For example, findings from the California Sex Offender Treatment and Evaluation Project study, which are often cited as evidence that treatment has not been shown to work because of the study's use of random assignment, indicated that treatment produced significant reductions in recidivism for subgroups of treatment participants who "got it" (Marques et al., 2005). Findings like these suggest not only that treatment works for certain offenders, but also that positive treatment effects can be masked in aggregate findings for the overall treatment sample.

Taken together, the overall pattern of positive findings from single studies and synthesis research, the positive findings that have emerged specifically from meta-analyses that are based on prudent exclusionary criteria and that employ advanced statistical tests and subgroup analysis research findings that clearly align with empirically supported principles about effective interventions, all lend support to the conclusion that treatment for sex offenders can be effective. As Marshall and Marshall (2010, p. 5) stated, "We believe the empirical literature justifies a positive answer to the question 'Can sexual offender treatment be effective?' ... Furthermore, we confidently interpret the literature as indicating no evidence of negative effects arising from sexual offender treatment."

Treatment, however, does not affect all sex offenders in the same way. The empirical evidence clearly demonstrates that treatment may have a differential impact, depending on the characteristics of the treatment participant and other contextual factors. Sex offenders clearly vary in terms of their recidivism risk levels, criminogenic needs and pathways to offending. Hence, rather than following a one-size-fits-all approach, treatment is apt to be most effective when it is tailored to the risks, needs and offense dynamics of individual sex offenders. **The differential impact of treatment, and the need for tailored rather than uniform treatment approaches, was acknowledged by the national experts — both researchers and practitioners — at the SOMAPI forum.** "Instead of sweeping controversies about the effectiveness of sex offender treatment, more differentiated perspectives are needed," stated Schmucker and Lösel (2015, p. 27).

Treatment is apt to be most effective when it is tailored to the risks, needs and offense dynamics of individual offenders.

There is mounting evidence that the risk-need-responsivity model is important for sex offender treatment. Lovins, Lowenkamp and Latessa (2009) found that high-risk sex offenders who completed intensive residential treatment were more than two times less likely to recidivate than high-risk sex offenders who did not receive intensive treatment. Conversely, low-risk sex offenders who received intensive treatment were 21 percent **more** likely to recidivate than low-risk sex offenders who did not receive intensive treatment. Hanson and colleagues

(2009) found that treatment that adhered to the risk-need-responsivity model of effective intervention showed the largest reductions in recidivism. In discussing the implications of their research findings for treatment providers, Hanson and colleagues (2009, p. 25) stated, “We believe that the research evidence supporting the [risk, need and responsivity] principles is sufficient so that they should be a primary consideration in the design and implementation of intervention programs for sex offenders.”

While the knowledge base regarding treatment effectiveness has greatly improved, significant knowledge gaps and unresolved controversies remain. **The need for more high-quality studies on treatment effectiveness has long been a theme in the literature, and both randomized controlled trials and highly rigorous quasi-experiments that employ equivalent treatment and comparison groups were identified as future research needs by the experts who participated in the SOMAPI forum.**

There is an acute need for more high-quality studies on treatment effectiveness. Both randomized controlled trials and highly rigorous quasi-experiments that employ equivalent treatment and comparison groups are needed.

While sound randomized controlled trials that examine treatment effectiveness are greatly needed, policymakers and practitioners, as well as researchers, must recognize that the use of a randomized controlled trial design does not automatically make a study’s findings trustworthy, nor does the need for trustworthy evidence obviate the need for high-quality quasi-experiments.

Marshall and Marshall (2007, 2010, p. 3–4) also have pointed out that the randomized controlled trial approach “typically requires strict adherence to a treatment manual so that the internal validity of the study is assured.” This is done, they argue, “to ensure that it is the specifics of the program that produces the results and so that the program, and its results, can be replicated by others.” Yet, there is strong empirical evidence that “the way in which treatment is delivered accounts for far more of the observed treatment benefits than does the application of appropriate procedures.”³⁴ Simply put, the responsivity principle matters. The manner in which a therapist delivers a program protocol and the therapeutic alliance with the offender are important moderators of treatment success.

Given the constraints typically found when working with offender populations, it is unlikely that findings from randomized controlled trials conducted in different treatment settings and with different populations of sex offenders will become available in the immediate future. Hence, findings from quasi-experiments that examine treatment effects using **equivalent** treatment and comparison groups remain important, as they can make significant contributions to the evidence base regarding treatment effectiveness. Propensity score matching and other advanced techniques for controlling bias and achieving equivalence between treatment and comparison subjects can help enhance the credibility of evidence produced by studies that do not employ random assignment.

Systematic reviews and meta-analyses based on prudent exclusionary criteria and that employ the most rigorous analytical methods available are also needed. Future research should also attempt to build a stronger evidence base on the differential impact of treatment on different types of sex offenders. **Empirical evidence that specifies what works for certain types of offenders, and in which situations, is important for both policy and practice, and it too was identified as a key research priority by the SOMAPI forum participants.** Subgroup analyses are particularly important because the positive effects of treatment for a particular subgroup of

offenders can be masked in a finding that treatment failed to have a positive impact for the overall treatment sample. Researchers must be diligent, however, not to selectively emphasize treatment benefits for a subgroup of study subjects while ignoring findings for the larger treatment sample (Sherman, 2003). New treatment models, such as Good Lives/self-regulation models, also need to be rigorously evaluated to assess their effectiveness at reducing recidivism.

Specifying what types of treatment work for certain types of offenders, and in which situations, is a key research priority.

Finally, most of the concerns about weak study designs are raised to avoid the pitfalls of erroneously concluding that treatment is effective when it is not. Concluding that treatment is **ineffective** when it actually is effective seems equally problematic. Given the modest reductions in recidivism that have been found in prior treatment effectiveness studies, researchers should be cognizant of the need to design evaluations of treatment programs with sufficient statistical power to detect small treatment effects.

Given the quality and consistency of the empirical evidence, it is reasonable to conclude, albeit cautiously, that certain types of treatment can produce reductions in recidivism for certain sex offenders. While a number of researchers are likely to view the empirical evidence in a similar way, some may view a positive conclusion about treatment effectiveness as unwarranted, given the current evidence base. Because treatment has become an integral part of sex offender management in jurisdictions throughout the country, it seems that one of the crucial questions to ask is whether the empirical evidence assembled to date warrants continued support for treatment — provided treatment is well-designed and delivered — or whether it would be safer to desist from treating sex offenders until far more definitive evidence becomes available. Given the evidence assembled to date, pursuing the latter seems unwarranted. While various important questions and methodological concerns need to be addressed in the future, the quality and consistency of the evidence indicates that treatment can lead to at least modest reductions in recidivism, which in turn can translate into fewer victims, less individual and community harm and a positive return on taxpayer investment.

Notes

1. Of the 1,307 U.S. programs, 608 provided treatment services to adult sexual offenders.
2. Randomized controlled trials are considered superior for discovering treatment effects and inferring causality because of their capacity to create valid counterfactuals and reduce bias.
3. For an example of a narrative review, see Furby, Weinrott and Blackshaw (1989).
4. For an example of a systematic review, see Lösel and Schmucker (2005) or MacKenzie (2006).
5. Methodological quality considerations typically include an assessment of the following: the study's ability to control outside factors and eliminate major rival explanations for an intervention's effects; the study's ability to detect program effects; and other considerations, such as attrition and the use of appropriate statistical tests. Based on the assessment, studies of substandard quality are typically excluded from the analysis. In addition, studies that are included in the analysis may be weighted based on their relative scientific rigor.

6. Meta-analysis also generates a summary statistic called the average effect size, which helps the analyst determine not only if the intervention is effective, but also how effective it is. There are several methods used to calculate an effect size, as described in Lipsey and Wilson (2001). The mean difference effect size is common when outcomes are continuously measured; the odds-ratio effect size is common when outcomes are measured dichotomously.

7. Such as statistical tests of homogeneity.

8. A total of 259 study subjects were assigned to the treatment group, but 55 offenders withdrew prior to starting treatment.

9. Of the 204 sex offenders who entered treatment, 190 completed one year or more of treatment and 14 dropped out of the program before completing at least one year of treatment. The observed sexual recidivism rate for treatment dropouts was 35.7 percent, based on a mean follow-up period of 8.4 years.

10. $p = 0.026$.

11. $p = 0.006$.

12. The researchers noted that the evaluation was undertaken before a system of accreditation was in place to ensure treatment program quality.

13. $p < 0.01$ and $p < 0.05$, respectively.

14. $p < 0.001$.

15. Survival analysis is a technique for standardizing the time at risk for all study participants, thereby producing a more accurate estimate of recidivism. It can be used to examine the pace at which recidivism occurs over specified intervals of time. In the treatment group, intent-to-treat analysis includes data about study participants who dropped out of, or were dropped from, the study before completing treatment.

16. $p < 0.001$.

17. $p < 0.01$.

18. One study involved 251 sex offenders civilly committed in Massachusetts between 1959 and 1985 (Prentky et al., 1997); the other study involved 31 sex offenders recommended for civil commitment by clinicians but deemed "not sexually dangerous" by courts and released without treatment (Cohen, Groth & Siegel, 1978).

19. The "more dangerous" sex offenders were deemed to be "sexually dangerous" by two "qualified examiners" (clinicians) and were subsequently civilly committed by the courts to the Massachusetts Treatment Center for Sexually Dangerous Persons. The "less dangerous" sex offenders were found to be "not sexually dangerous" by the courts and were released without treatment after serving whatever criminal sanctions the court imposed (Kriegman, 2006).

20. $p < 0.007$.

21. Thirty-eight studies reported sexual recidivism (4,321 treated sex offenders and 3,591 comparison offenders) and 30 studies reported general recidivism (3,356 treated sex offenders and 2,475 comparison offenders).

22. Sexual recidivism ($p < 0.001$); overall recidivism ($p < 0.001$).

23. Seven of the comparisons in the analysis were based on a randomized design, but one of those was compromised and was not rated by the researchers as a randomized study.
24. $p = 0.005$.
25. $p = 0.002$.
26. Miller & Rollnick (2002).
27. Fifteen studies in the overall analysis focused on cognitive-behavioral programs; seven of these studies were rated three or higher on the Maryland Scientific Methods Scale, indicating a high level of scientific rigor. Four studies focused on behavioral programs; three of these studies rated three or higher on scale.
28. Cohen's $d = 0.48$.
29. Cognitive behavioral/relapse prevention treatment: mean odds-ratio = 2.04; behavioral treatment: mean odds-ratio = 2.92; hormonal treatment: mean odds-ratio = 4.01.
30. MacKenzie (2006) also found that programs using chemical castration/psychotherapy were effective in reducing recidivism but cautioned that the finding was based on a single study conducted in Germany. She also noted that no further discussion followed because surgical castration is not used in the United States.
31. Average follow-up periods ranged from one to 21 years, with a median of 4.7 years.
32. Sexual recidivism ($p < 0.01$); general recidivism ($p < 0.01$).
33. $p = 0.005$.
34. See, for example, Serran, Fernandez, Marshall & Mann (2003).

References

- Andrews, D.A. (1995). The psychology of criminal conduct and effective treatment. In J. McGuire (Ed.), *What Works: Reducing Reoffending — Guidelines From Research and Practice* (pp. 35–62). New York, NY: John Wiley.
- Andrews, D.A. & Bonta, J. (2006) *The Psychology of Criminal Conduct*, 4th ed. Newark, NJ: Lexis Nexis.
- Barnoski, R. (2006a). *Sex Offender Sentencing in Washington State: Special Sex Offender Sentencing Alternative Trends*. Olympia, WA: Washington State Institute for Public Policy.
- Barnoski, R. (2006b). *Sex Offender Sentencing in Washington State: Does the Prison Treatment Program Reduce Recidivism?* Olympia, WA: Washington State Institute for Public Policy.
- Beech, A.R., Bourgon, G., Hanson, K., Harris, A.J., Langton, C., Marques, J., Miner, M., Murphy, W., Quinsey, V., Seto, M., Thornton, D. & Yates, P.M. (2007a). *Sex Offender Treatment Outcome Research: CODC Guidelines for Evaluation Part 1: Introduction and Overview*. Ottawa, ON: Public Safety Canada.
- Beech, A.R., Bourgon, G., Hanson, K., Harris, A.J., Langton, C., Marques, J., Miner, M., Murphy, W., Quinsey, V., Seto, M., Thornton, D. & Yates, P.M. (2007b). *The Collaborative Outcome Data Committee's Guidelines for the Evaluation of Sexual Offender Treatment Outcome Research Part 2: CODC Guidelines 2007-03*. Ottawa, ON: Public Safety Canada.

- Beech, A.R., Friendship, C., Erikson, M. & Ditchfield, J. (2001). A six-year follow-up of men going through representative probation based sex offender treatment programmes. HMSO [Her Majesty's Stationary Office], 114, 1/4.
- Boruch, R. (2007). Encouraging the flight of error: Ethical standards, evidence standards, and randomized trials. In G. Julnes & D. Rog (Eds.), *Informing Federal Policies on Evaluation Methodology: Building the Evidence Base for Method Choice in Government Sponsored Evaluation*. Hoboken, NJ: John Wiley and Sons.
- Cohen, M.L., Groth, A.N. & Siegel, R. (1978). The clinical prediction of dangerousness. *Crime and Delinquency*, January, 28–39.
- Cook, T.D. (2006). Describing what is special about the role of experiments in contemporary educational research: Putting the “Gold Standard” rhetoric into perspective. *Journal of MultiDisciplinary Evaluation*, 6, 1–7.
- Corabian, P., Dennett, L. & Harstall, C. (2011). Treatment for convicted adult male sex offenders: an overview of systematic reviews. *Sexual Offender Treatment*, 6(1).
- Craig, L.A., Browne, K.D. & Stringer, I. (2003). Treatment and sexual offence recidivism. *Trauma, Violence, and Abuse*, 4, 70–89.
- Dennis, J.A., Khan, O., Ferriter, M., Huband, N., Powney, M.J. & Duggan, C. (2012). Psychological interventions for adults who have sexually offended or are at risk of offending. *Cochrane Database Syst. Rev.* 2012; 12:CD007507.
- Donato, R., Shanahan, M. & Higgins, R. (1999). *A Cost-Benefit Analysis of Child Sex-Offender Treatment Programs for Male Offenders in Correctional Services*. Adelaide, South Australia, Australia: Child Protection Research Group, University of South Australia.
- Drake, E.K., Aos, S. & Miller, M. (2009). Evidence-based public policy options to reduce crime and criminal justice costs: Implications in Washington State. *Victims and Offenders*, 4, 170–196.
- Duwe, G. & Goldman, R. (2009). The impact of prison-based treatment on sex offender recidivism: Evidence from Minnesota. *Sexual Abuse: A Journal of Research and Treatment*, 21, 279–307.
- Farrington, D.P. & Welsh, B.C. (2007). *Saving Children from a Life of Crime, Early Risk Factors and Effective Interventions*. New York: Oxford University Press.
- Friendship, C., Mann, R.E., & Beech, A.R. (2003). *The Prison-Based Sex Offender Treatment Programme — An Evaluation*. London, England: Home Office.
- Furby, L., Weinrott, M.R. & Blackshaw, L. (1989). Sex-offender recidivism: A review. *Psychological Bulletin*, 105, 3–30.
- Gallagher, C.A., Wilson, D.B., Hirschfield, P., Coggeshall, M.B. & MacKenzie, D.L. (1999). A quantitative review of the effects of sex offender treatment on sexual reoffending. *Corrections Management Quarterly*, 3, 19–29.
- Gendreau, P. (1996). The principles of effective intervention with offenders. In A. Harland (Ed.), *Choosing Correctional Interventions That Work: Defining the Demand and Evaluating the Supply*. Newbury Park, CA: Sage.
- Gendreau, P., Goggin C. & Smith, P. (1999). The forgotten issue in effective correctional treatment: Program implementation. *International Journal of Offender Therapy and Comparative Criminology*, 43, 80–87.

Gendreau, P. & Ross, R.R. (1987). Revivification of rehabilitation: Evidence from the 1980s. *Justice Quarterly*, 4, 349–407.

Gronnerd, C., Gronnerd, J.S. & Grondahl, P. (2015). Psychological treatment of sexual offenders against children: A meta-analytic review of treatment outcome studies. *Trauma, Violence & Abuse*, 16, 280–90.

Hanson, R.K., Bourgon, G., Helmus, L. & Hodgson, S. (2009). *A Meta-Analysis of the Effectiveness of Treatment for Sex Offenders: Risk, Need and Responsivity*. Ottawa, ON: Public Safety Canada.

Hanson, R.K., Broom, I. & Stephenson, M. (2004). Evaluating community sex offender treatment programs: A 12-year follow-up of 724 offenders. *Canadian Journal of Behavioural Science*, 36, 87–96.

Hanson, R.K., Gordon, A., Harris, A.J.R., Mareques, J.K., Murphy, W., Quinsey, V.L. & Seto, M.C. (2002). First report of the collaborative outcome data project on the effectiveness of psychological treatment for sex offenders. *Sexual Abuse: A Journal of Research and Treatment*, 14(2), 169–194.

Kim, B., Merlo, A.V. & Benekos, P.J. (2016). Sex offender recidivism revisited: Review of recent meta-analyses on the effects of sex offender treatment. *Trauma, Violence, & Abuse*, 17(1), 105–117.

Kingston, D.A., Yates, P.M. & Firestone, P. (2012). The self-regulation model of sexual offending: Relationship to risk and need. *Law and Human Behavior*, 36(3), 215–224.

Kriegman, D. (2006). The reduction of sexual offense recidivism following commitment and psychodynamic treatment: A challenge to the dominant cognitive-behavioral model. *Journal of Sex Offender Civil Commitment: Science and the Law*, 1, 90–98. Retrieved from: www.socjournal.org/2005-06/Kriegman_2006.pdf.

Långström, N., Enebrink, P., Laurén, E., Lindblom, J., Werkö, S. & Hanson, K. (2013). Preventing sexual abusers of children from reoffending: systematic review of medical and psychological interventions. *BMJ* 2013; 347:f4630 doi: 10.1136/bmj.f4630 (Published, August 9, 2013).

Lipsey, M.W. (2002). Meta-analysis and program evaluation. *Socialvetenskaplig Tidskrift*, 9, 194–208 (translated).

Lipsey, M.W. & Cullen, F.T. (2007). The effectiveness of correctional rehabilitation: A review of systematic reviews. *Annual Review of Law and Social Science*, 3.

Lipsey, M.W. & Wilson, D.B. (2001). *Practical Meta-Analysis*. Thousand Oaks, CA: Sage Publications.

Lösel, F. & Schmucker, M. (2005). The effectiveness of treatment for sex offenders: A comprehensive meta-analysis. *Journal of Experimental Criminology*, 1, 117–146.

Lovins, B., Lowenkamp, C.T. & Latessa, E. J. (2009). Applying the risk principle to sex offenders: Can treatment make some sex offenders worse? *The Prison Journal*, 89, 344–357.

Lowden, K., Hetz, N., Patrick, D., Pasini-Hill, D., Harrison, L. & English, K. (2003). *Evaluation of Colorado's Prison Therapeutic Community for Sex Offenders: A Report of Findings*. Denver, CO: Office of Research and Statistics, Division of Criminal Justice, Colorado Department of Public Safety.

Luong, D. & Wormith, S.J. (2006). *The Effectiveness of Psychological Sex Offender Treatment: A Meta-Analysis*. Saskatoon, Canada: University of Saskatchewan, Department of Psychology. Available from the authors at Duyen.Luong@usask.ca.

- MacKenzie, D.L. (2006). *What Works in Corrections: Reducing the Criminal Activities of Offenders and Delinquents*. New York, NY: Cambridge University Press.
- Marques, J.K., Wiederanders, M., Day, D.M., Nelson, C. & van Ommeren, A. (2005). Effects of a relapse prevention program on sexual recidivism: Final results from California's Sex Offender Treatment and Evaluation Program (SOTEP). *Sexual Abuse: A Journal of Research and Treatment*, 17, 79–107.
- Marshall, W.L. & Marshall, L.E. (2007). The utility of the Random Controlled Trial for evaluating sexual offender treatment: The gold standard or an inappropriate strategy? *Sexual Abuse: A Journal of Research and Treatment*, 19, 175–191.
- Marshall, W.L. & Marshall, L.E. (2010). Can treatment be effective with sexual offenders or does it do harm? A response to Hanson (2010) and Rice (2010). *Sexual Offender Treatment*, 5.
- McCord, J. (2003). Cures that harm: Unanticipated outcomes of crime prevention programs. *Annals of the American Academy of Political and Social Science*, 587, 16–30.
- McGrath, R.J., Cumming, G., Burchard, B., Zeoli, S. & Ellerby, L. (2010) *Current Practices and Emerging Trends in Sexual Abuser Management: The Safer Society 2009 North American Survey*. Brandon, VT: Safer Society Press.
- McGrath, R.J., Cumming, G., Livingston, J.A. & Hoke, S.E. (2003). Outcome of a treatment program for adult sex offenders. *Journal of Interpersonal Violence*, 18, 3–17.
- Nicholaichuk, T., Gordon, A., Gu, D. & Wong, S. (2000). Outcome of an institutional sex offender treatment program: A comparison between treated and matched untreated offenders. *Sexual Abuse: A Journal of Research and Treatment*, 12, 139–153.
- Olver, M., Wong, S. & Nicholaichuk, T.P. (2008). Outcome evaluation of a high-intensity inpatient sex offender treatment program. *Journal of Interpersonal Violence*, 24, 522–536.
- Petrosino, A. & Lavenberg, J. (2007). Systematic reviews and meta-analytic best evidence on “what works” for criminal justice decisionmakers. *Western Criminology Review*, 8, 1–15.
- Petticrew, M. (2007). Making high quality research accessible to policy makers and social care practitioners. Plenary presentation at the Campbell Collaboration Colloquium, Glasgow, Scotland.
- Prentky, R., Lee, A., Knight, R. & Cerce, D. (1997). Recidivism rates among child molesters and rapists: A methodological analysis. *Law and Human Behavior*, 21, 635–659.
- Prentky, R., Schwartz, B. & Burns-Smith, G. (2006). *Treatment of Adult Sex Offenders*. Harrisburg, PA: VAWnet, National Resource Center on Domestic Violence/Pennsylvania Coalition Against Domestic Violence.
- Prochaska, J.O. & Levesque, D.A. (2002). Enhancing motivation of offenders at each stage of change and phase of therapy. In M. McMurrin (Ed.), *Motivating offenders to change* (pp. 57–73). Chichester: Wiley.
- Przybylski, R. (2008). *What Works? Effective Recidivism Reduction and Risk-Focused Prevention Programs: A Compendium of Evidence-Based Options for Preventing New and Persistent Criminal Behavior*. Lakewood, CO: RKC Group.
- Rice, M.E. & Harris, G.T. (2003). The size and signs of treatment effects in sex offender therapy. *Annals of the New York Academy of Sciences*, 989, 428–440.

- Schmucker, M. & Lösel, F. (2015). The effects of sexual offender treatment on recidivism: An international analysis of sound quality evaluations. *Journal of Experimental Criminology, 11*(4), 597–630.
- Serran, G.A., Fernandez, Y.M., Marshall, W.L. & Mann, R.E. (2003). Process issues in treatment: Application to sexual offender programs. *Professional Psychology: Research and Practice, 34*, 368–374.
- Sherman, L.W. (2003). Misleading evidence and evidence-led policy: Making social science more experimental. *Annals of the American Academy of Political and Social Science, 589*, 6–19.
- Sherman, L.W., Gottfredson, D., MacKenzie, D., Eck, J., Reuter, P. & Bushway, S. (1998). *Preventing Crime: What Works, What Doesn't, What's Promising*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- U.S. General Accounting Office. (1996). *Sex Offender Treatment: Research Results Inconclusive About What Works to Reduce Recidivism*. Washington, DC: U.S. General Accounting Office.
- Wilson, J.A. (2007). *Habilitation or Harm: Project Greenlight and the Potential Consequences of Correctional Programming*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- Wilson, D.B. & Lipsey, M.W. (2001). The role of method in treatment effectiveness research: Evidence from meta-analysis. *Psychological Methods, 6*, 413–429.
- Yates, P.M. & Kingston, D.A. (2006). The self-regulation model of sexual offending: The relationship between offence pathways and static and dynamic sexual offence risk. *Sexual Abuse: A Journal of Research and Treatment, 18*, 259–270.
- Yates, P.M., Simons, D., Kingston, D.A. & Tyler, C. (2009). The good lives model of rehabilitation applied to treatment: Assessment and relationship to treatment progress and compliance. Paper presented at the 28th Annual Research and Treatment Conference for the Association for the Treatment of Sexual Abusers, Dallas, TX.
- Zgoba, K.M. & Simon, L.M.J. (2005). Recidivism rates of sex offenders up to 7 years later: Does treatment matter? *Criminal Justice Review, 30*, 155–173.

Chapter 8: Sex Offender Management Strategies

by Christopher Lobanov-Rostovsky

FINDINGS

- ◆ Some empirical support exists for intensive supervision with a rehabilitative treatment approach. However, these studies had short follow-up periods, small sample sizes, different recidivism measures and problems with scientific rigor.
- ◆ Some support exists for Circles of Support and Accountability.
- ◆ Polygraphs and global positioning systems should only be used with other controls.
- ◆ Findings are mixed on registration and notification:
 - Some studies have found benefits in reducing sex crime rates, reducing recidivism or expediting arrests for new sex crimes, but other studies have not found statistically significant changes in the measured effects. Studies in this area may fail to control for other influential factors and may lack sufficient scientific rigor.
 - The public is generally supportive of registration and notification requirements as protective of public safety. Many sex offenders report negative social and personal impacts but may also report that the requirements deter offending or motivate them to be successful.
 - No study to date has examined the multifaceted elements of registration laws, generally, or Title I of the Adam Walsh Act, the Sex Offender Registration and Notification Act (SORNA), specifically. SORNA incorporates registration requirements and procedures, and information sharing and enforcement mechanisms, going beyond the registration and notification systems examined in past studies.

Introduction

Prevention and intervention strategies for sexual offending behavior, including sex offender management, have become increasingly prominent and important in the United States.¹ The concept of sex offender management has been conceptualized under the construct of a Comprehensive Approach to Sex Offender Management (CASOM) by the Center for Sex Offender Management (CSOM). The CASOM model (CSOM, 2007) includes the following —

- Fundamental principles
 - Victim-centered approach
 - Specialized knowledge and training for professionals
 - Public education
 - Monitoring and evaluation of the strategies
 - Multidisciplinary collaboration

- Critical components
 - Investigation, prosecution and disposition
 - Assessment
 - Treatment (For more on treatment, see Chapter 7: “The Effectiveness of Treatment for Adult Sex Offenders,” in the Adult section.)
 - Supervision
 - Reentry
 - Registration and community notification

According to the Bureau of Justice Statistics, at yearend 2008 more than 165,000 offenders convicted of rape or sexual assault were in state prisons (Guerino, Harrison & Sabol, 2011). The National Parole Resource Center (2014) indicates 95 percent of these offenders will ultimately be released to communities, at a rate of approximately 10,000–20,000 per year. Additionally, more than 861,800 registered sex offenders currently reside in communities across the United States (National Center for Missing & Exploited Children, 2017). While it is difficult to track national trends over time, there is little question that the number of sex offenders under correctional supervision in the community has increased substantially over the past 20 years. In fact, sex offender management laws have become so prominent in the United States that the issue was identified as the fifth most important area of concern for state legislators (CSOM, 2008). Such laws typically address issues such as incapacitation, retribution/punishment, deterrence and rehabilitation (CSOM, 2008). During the 2007–08 legislative biennium alone, 1,500 bills related to sexual offenders were introduced in 44 states (six states had no legislative session during this timeframe), with 275 of these bills passing into law (Council of State Governments [CSG], 2010).

In a survey of nearly 600 professionals working in the field of sex offender management, nearly a third of whom (30.5 percent) have more than 10 years’ experience working with this population, most believed that community supervision and treatment, and to a lesser extent electronic monitoring (GPS) and sex offender registration and notification (SORN), reduce recidivism. In addition, barriers to successful reentry were identified as lack of housing and employment, public sentiment and residence restrictions, among others (Council of State Governments Justice Center, 2015).

Despite the intuitive value of using science to guide decision-making, laws and policies designed to combat sexual offending are often introduced or enacted in absence of empirical support. **This dynamic was recently acknowledged and identified as a concern by the national experts — both researchers and practitioners — who participated in the February 2012 SOMAPI forum.** The reasons why this occurs are varied and complex, and they will not be explored in this chapter.² However, there is little question that both public safety and the efficient use of public resources would be enhanced if sex offender management strategies were based on evidence of effectiveness rather than other factors. This chapter on sex offender management strategies was developed with this in mind.

This chapter does not discuss the theoretical and sociological explanations for a given policy or place the research within this context. It also does not present an exhaustive review of the research; it focuses on recent studies deemed to be important for understanding the effectiveness of a given strategy. Finally, its primary focus is on the management of adult sexual offenders. Although some research on juveniles who commit sexual offenses is included, the effectiveness of sex offender management strategies with a juvenile population is addressed in the Juvenile section of this publication.

Summary of Research Findings

Specialized Supervision

The development and refinement of specialized legal supervision for sexual offenders has largely occurred over the past 25 years. Specialized supervision frequently involves specially trained probation and parole officers who manage a caseload of sexual offenders using sex-offender-specific supervision strategies that include special conditions of supervision, multidisciplinary collaboration with a treatment provider and, if appropriate and permissible, the use of GPS monitoring and polygraph testing. Based on responses to a 2008 survey of state officials, most states use some form of specialized supervision to manage risk and provide services to sexual offenders in the community; in addition, many states use sex-offender-specific probation or parole caseloads (Daly, 2008). (For a discussion of adult “Sex Offender Risk Assessment,” see Chapter 6 in the Adult section.) In terms of strategies used by specialized supervision officers, a survey of probation and parole supervisors ($N = 732$) conducted in 1994 found that 85 percent referred offenders to sex-offender-specific counseling and that 30 percent of probation officers and 32 percent of parole officers had specialized caseloads; however, less than 10 percent required polygraph testing (English, Pullen & Jones, 1996). The importance of multidisciplinary collaboration with supervision officers was also supported in a survey of treatment providers from 45 states and the District of Columbia ($N = 190$), where 90 percent said their rapport with probation officers was excellent or good, 24.2 percent said probation officers attended weekly group sessions and 87.4 percent said communication with probation officers was essential (McGrath, Cumming & Holt, 2002).

This section reviews research on the effectiveness of specialized supervision practices. It is important to note that these are not sex-offender-specific studies. Research relating to the effectiveness of Circles of Support and Accountability (COSA), civil commitment, polygraph and electronic monitoring (including GPS) immediately follows. These studies focus primarily on sex-offender-specific supervision strategies.

Research

Several large-scale studies have assessed the effectiveness of intensive supervision used with criminal offenders. It is not known whether findings from these studies are generalizable to sex offender populations, but the findings provide important insights concerning the effectiveness of intensive supervision overall. In one large-scale systematic review of 291 studies conducted over a 40-year period on various intensive supervision programs used with criminal offenders, the Washington State Institute for Public Policy found no research support for the effectiveness of community-based intensive supervised probation with a primary surveillance orientation in reducing criminal recidivism ($n = 24$ studies). (For information on “Adult Sex Offender Recidivism,” see Chapter 5 in the Adult section.) However, Washington State did find research support for the effectiveness of treatment-oriented intensive supervised probation, which produced an average reduction in criminal recidivism of 21.9 percent ($n = 10$ studies). Based on these results, Washington concluded that rehabilitation via treatment — not intensive supervision — leads to a reduction in criminal recidivism (Aos, Miller & Drake, 2006). It should be noted that this study was a follow-up to an earlier study by the same state agency, in which the authors concluded that surveillance-oriented intensive supervised probation had a small effect, which was not statistically significant, on reducing criminal offender recidivism ($n = 19$ studies) (Aos et al., 2001).

There is no research support for intensive supervision without a rehabilitative treatment approach.

A second study on the effectiveness of intensive supervised probation for general criminal offenders was a randomized clinical trial³ conducted between 1986 and 1991 across 14 sites in nine states. In a one-year follow-up, the offenders subject to ISP were rearrested at a rate of 37 percent, while the offenders not subject to intensive supervised probation were rearrested at a rate of 33 percent. Further, those subject to ISP were recommitted to prison at a rate of 27 percent, while the nonintensive supervised probation recommitment rate was 19 percent. In discussing the study results, the researchers concluded, "Despite the experience of hundreds of intensive supervision programs in this country and many studies, albeit few experimental, we still know very little about the effectiveness of these programs to reduce prison overcrowding and ... to reduce crime in detectable ways" (Petersilia & Turner, 1993, p. 121).

Questions about the effectiveness of intensive supervision in the absence of treatment have led to the development of intensive supervision programs with a treatment orientation. A specific example is the containment approach, which includes collaboration on specialized supervision of sexual offenders provided by trained supervision personnel, sex-offense-specific treatment and polygraph assessment. Unlike many other sex management strategies that have been implemented over the years, English, Pullen and Jones (1996) developed the containment approach based on their study of best practices in place across the country.

Research on the effectiveness of the containment approach has been completed in a handful of jurisdictions across the country. One study was conducted in Jackson County, Oregon, where the community corrections office integrated treatment, supervision and polygraph assessment in a multidisciplinary collaboration model. The research compared the recidivism rates for sexual offenders who were subject to the containment approach between 1985 and 1995 ($N = 601$) with those of sexual offenders from 1) a different county (Linn County) who were not subject to the containment approach between 1985 and 1992 ($n = 89$), and 2) a group of nonsex offenders supervised in Jackson County between 1985 and 1995 ($n = 231$) in a matched sample. The study used a three- to five-year follow-up period, and recidivism in this study was defined as a new felony conviction. The study found a recidivism rate of 8.8 percent for offenders in the containment group based on a follow-up period of at least one year, while the rates for the comparison groups were 15 percent and 26.7 percent, respectively. This was a statistically significant difference in recidivism for the containment group compared to both comparison groups.⁴ The researchers also noted that sexual offenders subject to the containment approach had a higher recidivism rate than the comparison groups for the first year, possibly due to the increased supervision scrutiny provided by this approach (Aytes et al., 2001).

A second study of the containment approach used with sex offenders in Colorado found that sexual offenders subject to specialized parole supervision following release from prison ($n = 1,003$), which included requirements for sex-offense-specific treatment and polygraph assessment, had a statistically significant lower recidivism rate (16.1 percent) than sex offenders not subject to parole supervision (29.3 percent; $n = 2,040$).⁵ Recidivism in this study was measured as a new arrest, court filing or return to prison (Lowden et al., 2003).

Finally, a third study undertaken in Virginia compared sexual offenders subject to containment on probation and parole ($n = 583$) to all sexual offenders on probation and parole between 2000 and 2002 ($N = 1,753$) using a three- to five-year follow-up period. The results indicated that the containment sexual offenders returned to prison for any crime at a rate of 11.3 percent, and specifically for a sex crime at a rate of 0.5 percent. The comparison group had a similar return-to-prison rate of 9.9 percent for any crime and a rate of 0.6 percent for a new sex crime, a difference that was not statistically significant. The researchers hypothesized that the higher return-to-prison rate for the containment sexual offenders was due to increased surveillance and detection provided by the model. It is also important to note that the comparison group in this study (all sexual offenders released from prison between 2000 and 2002) included the sex offenders subject to containment (Boone et al., 2006).

Three additional research studies on specialized sex offender supervision are worth noting. One study compared sex offenders ($n = 195$) under specialized supervision and in sex-offense-specific treatment to a

matched group of sex offenders who did not have community supervision using a six-year follow-up period. The results indicated that sexual offenders under community supervision had a sexual recidivism rate of 14 percent based on either a new sexual offense charge or a substantiated sexual offense by child protective services. In comparison, those who were not under supervision had a recidivism rate of 35 percent, leading to the conclusion that specialized supervision resulted in a statistically significant reduction in sexual recidivism⁶ (McGrath et al., 2003).

However, in a contradictory study completed in Illinois, no significant difference in sexual recidivism was found between sex offenders subject and not subject to specialized supervision. In this study in Lake County, Illinois, recidivism was defined as a new sex crime arrest over a three- to five-year follow-up period (Stalans, Seng & Yarnold, 2002). The results indicated that sexual offenders subject to specialized supervision ($n = 104$) had a sexual rearrest rate of 28.8 percent, while sexual offenders not subject to this strategy ($n = 104$) had a sexual rearrest rate of 25 percent (Stalans, Seng & Yarnold, 2002).

Finally, in a second contradictory study from British Columbia, Canada ($N = 269$), there was no significant difference in sexual reconviction between sex offenders subject to a specialized intensive community supervision program for high-risk sex offenders (the CHROME program) compared to the control groups, however, the small number of overall sexual recidivists (3 percent overall) limited the ability to distinguish between groups (Lussier et al., 2014).

Limitations

The research on the effectiveness of specialized sex offender supervision in conjunction with treatment (e.g., the containment approach) has a number of limitations. These include a small number of studies, short follow-up periods, small sample sizes, the use of different recidivism measures (making cross-study comparisons challenging), little information about the specific elements of the programs that are found to be successful and problems with the scientific rigor of some of the studies (including one study where the intervention group was part of the comparison group). Finally, general issues related to underreporting of sex crimes leads to the problem typically seen in sex offender management research — that is, a low base rate for sexual recidivism, which limits the ability to achieve significant differences between the intervention and comparison groups.

Research limitations include short follow-up periods, small sample sizes, different recidivism measures and problems with scientific rigor.

On the other hand, the research on the effectiveness and limitations of generalized intensive supervision for all criminal offenders, particularly when combined with a treatment component, is much more extensive based on a number of large-scale research studies.

In terms of future research directions, it is recommended that research using rigorous scientific methods be encouraged and supported. Comparison studies with large sample sizes and longer follow-up periods should be conducted on the effectiveness of specialized supervision in conjunction with treatment for sexual offenders. Finally, it would be beneficial for future research to identify not only the effect of the intervention, but also the program components that appear to be most beneficial and the mechanisms by which successful outcomes are achieved.

Summary

There is empirical support for the use of intensive supervision with criminal offenders in conjunction with a rehabilitative treatment approach, and some preliminary support for specialized sexual offender supervision models (such as the containment approach) that are delivered in conjunction with treatment. However, there is no research support for the use of intensive or specialized supervision either in isolation or without treatment for either population. Given the above, **the SOMAPI forum participants recommended that jurisdictions should use specialized supervision with a rehabilitation orientation as one component of an overall sex offender management strategy.**

Circles of Support and Accountability

The COSA model is a supervision strategy involving the use of community volunteers to provide support to an individual sex offender. COSA assists offenders in garnering community resources while holding them accountable to their self-monitoring plan, typically following completion of legal supervision. This program was first developed in Canada but has since been implemented in the United States, United Kingdom, Netherlands, Belgium, Catalonia, Bulgaria and Latvia, with a total of 446 circles identified to date in the literature (Clarke et al., 2015). Currently, there are U.S. COSA programs in California, Colorado, Minnesota and Vermont, with additional projects being developed in North Carolina and Washington, among others.

Research

The COSA model has been the subject of several studies, including a number of single studies evaluating COSA's effectiveness in reducing recidivism (one of which was a randomized controlled trial), one systematic review of the research, two cost-benefit analyses and surveys of sexual offender participants and public member volunteers.

Outcome Studies

In the Canadian outcome studies, one evaluation compared the recidivism rates of 60 COSA high-risk sex offenders and 60 non-COSA high-risk sex offenders using a 4.5-year follow-up period. The study found a 5 percent sexual recidivism rate (defined as a new sex crime charge or conviction) for the COSA group and a 16.7 percent recidivism rate for the non-COSA group. The researchers concluded that COSA participation resulted in a statistically significant reduction in sexual recidivism (Wilson, Picheca & Prinzo, 2005).⁷

In a second Canadian study, the recidivism rates for 44 high-risk sex offenders participating in COSA were compared to those for a matched comparison group of 44 high-risk sex offenders who did not participate in COSA using a 35-month follow-up period. The study found that the COSA group sexually recidivated at a 2.3 percent rate while the non-COSA group recidivated at a 13.7 percent rate, a statistically significant difference (Wilson, Cortoni & McWhinnie, 2009).⁸

Duwe (2012) conducted an evaluation of COSA effectiveness in Minnesota ($N = 62$) using a randomized controlled trial design and found that COSA participants had a lower rate of sexual rearrest than nonparticipants (0 percent vs. 3.2 percent, respectively), although the difference was not statistically significant. However, COSA participants did have a significantly lower level of any rearrest than nonparticipants (38.7 percent vs. 64.5 percent).⁹

Finally, a study of the COSA program in the United Kingdom examined recidivism outcomes for program participants ($n = 71$), as compared to those screened for COSA but who did not enter the program ($n = 71$). The United Kingdom COSA model is slightly different than the model that has been implemented in Canada, in that sexual offenders in the program are still under legal supervision. Based on a 55-month follow-up

period, the study found a significant reduction in sexual contact or violent reconviction for COSA participants compared to nonparticipants (0 percent vs. 14.1 percent).¹⁰ However, there was no significant difference between COSA and non-COSA sex offenders on noncontact sex offense reconviction (4.2 percent vs. 2.8 percent), failure to comply with the sex offender registry (4.2 percent vs. 8.5 percent) or breach of supervision (2.8 percent vs. 0 percent). The authors described the results related to noncontact sex offenses for COSA participants from a harm reduction perspective in that the recidivistic crimes were less harmful and invasive than their pre-program participation offenses (Bates et al., 2014).

Cost-Benefit Analysis

In a cost-benefit study of a COSA program in the United Kingdom, Elliot and Beech (2012) estimated that program participation would reduce recidivism by 50 percent and that, as a result, COSA produced a return on investment of \$1.04 in tangible costs (defined as direct costs of the criminal justice process) for every \$1 of cost per program participant (costs were converted from pounds for purposes of this review).

Duwe also conducted a cost-benefit analysis as part of a larger evaluation of a COSA program and concluded that for every \$1 spent on COSA there would be return on investment of \$1.82 (Duwe, 2012).

Systematic Review

In addition to the single studies described above, a systematic review of the research on COSA was completed by Clarke and colleagues in 2015. They noted a total of 15 COSA studies including one randomized controlled trial, three retrospective cohorts with matched controls and 11 case series (case studies) from the United Kingdom (nine), Canada (three), United States (two) and Netherlands (one). The authors summarized the research on COSA as not currently showing a significant reduction in sexual reconviction or recidivism, but demonstrating harm reduction in recidivism with the new offense being less severe than the index offense, a reduction in the time to recidivism, some evidence of general recidivism reduction and having a positive return on investment (Clarke et al., 2015).

COSA was identified in the Inventory of Promising or Effective Programs in Sex Offender Management as a research-supported program model.

Impact on Sex Offenders and the Public

In a survey of COSA participants and public members, 90 percent of sex offenders from Canada who responded described participation in COSA as helpful in refraining from reoffense, while 68 percent of public members who responded said offenders' participation in COSA made them feel safer (Wilson, Picheca & Prinzo, 2005).

Impact on Volunteers

In a review of the results from several surveys of COSA volunteers, Hoing et al. (2014) noted that COSA had a number of tentative impacts on program volunteers. Positive impacts included increased self-esteem, a sense of contributing to community safety and greater support for restorative justice practices and treatment for sex offenders. However, participation in COSA also negatively impacted community volunteers through stress about the offender's risk and challenges related to dealing with the difficult behavior of sex offenders, as well as negative familial and societal reactions about their COSA volunteer work (Hoing et al., 2014).

Limitations

Regarding the outcomes from single studies, while the results regarding COSA effectiveness thus far have been positive, only four studies have employed a comparison group (one randomized controlled trial) and these studies had relatively small sample sizes. In addition, the relatively short follow-up periods are a challenge for these studies. Finally, only one study has been completed in the United States, while the other three studies were in Canada and the United Kingdom, where polygraph is not used routinely to corroborate disclosure and accountability. As a result, generalization to the United States is still in question. Therefore, future research should include larger sample sizes, sex offenders from multiple jurisdictions in the United States and longer follow-up periods. Regarding survey results, limitations include small response rates and sample sizes, leading to possible self-selection bias, and therefore, any conclusions must be considered tentative and in need of confirmation.

Summary

COSA studies thus far have demonstrated some positive results. While further use of the model is encouraged, implementation should occur in conjunction with rigorous evaluation. Far more high-quality research is needed before the efficacy and effectiveness of COSA with sexual offenders can be firmly established. The strength of the model is that it uses community resources for sex offender management and can be used in the absence of court supervision.

Polygraph

The use of polygraph assessment with sexual offenders is a somewhat more controversial management strategy than the others described thus far. (It is important to note that the containment approach — described above — includes polygraph testing as part of a comprehensive supervision and treatment strategy. This approach is premised on the assumption that the information disclosed via polygraph enhances the ability to create an individualized treatment and supervision plan.) Three different types of polygraphs are used with sexual offenders: a specific-incident exam that focuses on the sexual offense conviction or other specific offenses or behaviors, a sexual-history exam that explores the offender's history of sexual offending behavior and a maintenance exam that reviews the offender's compliance with supervision and treatment conditions.

While the extent of polygraph use in the management of sexual offenders is difficult to document, there is some evidence that polygraph use has increased since the mid-1990s. In terms of sex offenders supervised within the federal probation and pretrial service system, one study found that in fiscal years 2004–05 ($N = 2,199$), 44 percent of those in treatment were subject to polygraph testing (Baerga-Buffler & Johnson, 2006). Similarly, in a survey of state officials (prison, community treatment, reentry and community supervision), less than 50 percent of the respondents reported polygraph use in prison-based treatment (Daly, 2008). This percentage, however, was significantly higher than the percentage reported by English, Pullen and Jones (1996) based on their 1994 national survey of supervision officers ($N = 732$), in which less than 10 percent required polygraph testing. According to the Council of State Governments (2008), the following states were using polygraph testing in the management of sexual offenders: Colorado, Nevada, New Jersey, New York and Texas. Evidence that polygraph use has increased since the mid-1990s also comes from a survey of U.S. treatment providers ($N = 1,307$ programs), which found that respondents reporting the use of polygraph increased from 30 percent in 1996 to 79 percent in 2009 (McGrath et al., 2010).

Research

Research on polygraph use can be broken down into the following content areas: impact on disclosure, impact on sexual offender recidivism, impact on supervision professionals, impact on sexual offenders and test validity.

Impact on Disclosure

Results of multiple research studies across various jurisdictions indicate that using polygraphs with sexual offenders leads to additional disclosures. Reported increases in offender disclosure based on polygraph include the number of victims, offenses and offense categories (Ahlmeier et al., 2000; English et al., 2000; Heil, Ahlmeier & Simons, 2003; Hindman & Peters, 2001; O'Connell, 1998); high-risk behaviors (Buschman et al., 2010; Gannon et al., 2014; Grubin et al., 2004); and age of onset, duration of offending and frequency (English et al., 2003). One example of such a study is from the Netherlands, where child pornography sexual offenders who received polygraph testing ($N = 25$) yielded disclosures of high-risk behavior during treatment in the areas of masturbation to fantasies of sexual contact with children ($n = 15$) (including masturbation while looking at children in public [$n = 9$]) and masturbation while manipulating children into posing nude during webcam contact ($n = 4$). In addition, disclosures included cruising in public places for children ($n = 14$), taking children's pictures ($n = 5$) and having scripted scenarios to be used to sexually victimize a child if there were an opportunity to do so ($n = 5$) (Buschman et al., 2010). It should be noted that no comparison group was used in this study; hence, attributing the disclosures directly to the use of the polygraph is problematic. Increases in the number of victims disclosed via polygraph ranged from an initial self-report of one victim to 11–13.6 victims, depending on the study, following polygraph testing (Ahlmeier et al., 2000; Heil, Ahlmeier & Simons, 2003; Hindman & Peters, 2001). The rate of polygraph-aided disclosure was higher than the rate for offender self-reports (Gannon et al., 2014; Hindman & Peters, 2001), and was more pronounced for inmates than parolees (Ahlmeier et al., 2000; Heil, Ahlmeier & Simons, 2003). Finally, results of polygraph disclosure research indicated a large number of sanctions and changes in the case plan for offenders (English et al., 2000; Gannon et al., 2014; Tubman-Carbone, 2009).

Limitations: Impact on Disclosure

Polygraph disclosure research undertaken to date has been based on relatively small sample sizes. There also was no corroboration of the disclosures made, allowing for the possibility of false admissions and an overstating of the number of victims. However, many polygraph disclosure studies also note that, given the deceptive polygraph results, there is also a possibility that the true incidence of offending behavior is underreported. This makes the interpretation of disclosure research findings difficult. Perhaps most importantly, most of the disclosure studies lacked comparison groups so it is not possible to know with certainty that the polygraph was responsible for the new disclosures. Further, many of these studies are limited to one state or jurisdiction, with only one study encompassing four states, raising questions about the generalizability of findings to other jurisdictions. Finally, the fact that the polygraph was voluntary in one study suggests the possibility that the results may have been different had all offenders completed the assessment. Future research on polygraph disclosures is clearly needed and it should include matched comparison groups and larger samples. Disclosure studies spanning multiple jurisdictions are also needed.

Impact on Sexual Offender Recidivism

As noted in the "Specialized Supervision" section above, the research results for sexual offenders subject to polygraph testing as part of the containment approach typically demonstrated lower levels of recidivism than sexual offenders not subject to this intervention (Aytes et al., 2001; Lowden et al., 2003). However, in a study conducted by McGrath and colleagues (2007), no significant differences in sexual recidivism between polygraphed and nonpolygraphed sex offenders were found. In that study, the recidivism rates of 104 sex offenders subject to polygraph testing were compared with those of a group of 104 matched sex offenders not subject to polygraph testing. The recidivism rate based on sexual recidivism charges was 5.8 percent for the polygraph group and 6.7 percent for the nonpolygraph group, a difference that is not statistically significant. However, there was a significant difference between the two groups in violent recidivism (operationalized as a new violent crime charge). The violent recidivism rate for those offenders subject to polygraph was 2.9 percent,

compared to 11.5 percent for the nonpolygraph group.¹¹ It should also be noted that a large percentage of high-risk behaviors were disclosed during the polygraph examinations (McGrath et al., 2007).

Limitations: Impact on Sexual Offender Recidivism

The limitations cited for the specialized supervision research, and in particular the containment approach, hold for the polygraph research as well. Indeed, the only study that specifically looked at recidivism related to sexual offenders subject to polygraph, compared to those who were not, showed no significant difference in the rate of sexual recidivism. However, this study acknowledged that several issues may have confounded the study results, including the small sample size, potential selection bias (in that probation officers decided who would take the polygraph) and the infrequency of polygraph testing. Hence, the study conducted by McGrath and colleagues (2007) should be replicated using a larger sample size, matched comparison groups and program features that reduce the probability of selection bias and maintain the integrity of the polygraph treatment. Studies examining the impact of polygraph testing on recidivism in different jurisdictions are also needed.

Impact on Supervision Professionals

In a 1998 telephone survey of probation and parole supervisors ($N = 679$), approximately three-fourths believed that polygraph use enhanced disclosure of offender behavior and two-thirds believed it led to better supervision of offenders (Cooley-Towell, Pasini-Hill & Patrick, 2000). In another survey, more than 80 percent of the offender manager respondents reported that the results of a specific polygraph examination were a useful tool for offender supervision (Gannon et al., 2014). Other surveys of service providers have found similar positive results. For example, in one survey, 96 percent of the respondents reported that the polygraph was helpful (McGrath et al., 2007). In another survey, 100 percent of the providers ($n = 11$) and 90 percent of the parole officers ($n = 105$) who responded reported that the polygraph was helpful. In the same survey, 80 percent of the providers who responded reported that having one group member take a polygraph test positively impacted other group members (Tubman-Carbone, 2009).

Impact on Sexual Offenders

Research on the perceived impact of the polygraph by sex offenders themselves is extremely limited. One study that examined this was conducted by Kokish, Levenson and Blasingame (2005). The study surveyed 95 sexual offenders and found that 72 percent of those surveyed rated the polygraph as helpful, while 11 percent said the polygraph was harmful (Kokish, Levenson & Blasingame, 2005).

Limitations: Impact on Sexual Offenders

Most of the limitations commonly found with survey data apply to the above studies. (For more on general limitations of sex offender research, see the "Limitations of the Data" section of Chapter 1: "Incidence and Prevalence of Sexual Offending," in the Adult section.) In addition, the answers provided by sex offenders under supervision may be subject to distortion because offenders may try to give a socially desirable response or portray themselves in a sympathetic light.

Test Validity

One of the significant critiques of the polygraph is that it does not produce valid results. While this chapter only addresses the issue of test validity very briefly, readers are directed to the National Research Council

report titled *The Polygraph and Lie Detection* (2003) for additional information. Its key research findings regarding test validity follow:

- A large-scale review of 57 studies on the use of specific-incident polygraph testing with sexual offenders found that such testing demonstrated the ability to discriminate between truth and deception at a rate well above chance.
- Screening tests (sexual history and maintenance) performed with the polygraph showed less of an ability to discriminate between truth and deception.

Research Summary

Research suggests that polygraph testing increases offender disclosure across multiple offending or behavior categories, including historical and current offending and high-risk behavior. The empirical evidence also suggests that polygraph testing can help reduce sexual recidivism when used in conjunction with specialized supervision and treatment within the containment approach.

Limitations Summary

One of the key limitations in the polygraph research studies reviewed in this chapter is the inability of the research to distinguish the impact of the polygraph from other strategies (treatment and specialized supervision). Small sample sizes are also a problem and jurisdiction-specific approaches may limit the generalizability of research findings. Future research should employ more rigorous methods to better isolate the impact of polygraph testing on both disclosure and recidivism.

Polygraph Summary

Until more definitive research regarding the validity and impact of polygraph testing is available, the polygraph will continue to be a controversial technique used inconsistently in sex offender management schemes. If polygraph testing is used in the management of sex offenders, it should be implemented as one component of an overall sex offender management strategy. Polygraph disclosure information may be useful for assessment of risk factors and identification of treatment needs, but in some jurisdictions such information may not be used for prosecution or supervision revocation. Given the questions that remain about test validity, it is not recommended that polygraph results be relied on exclusively for sex offender management decision-making.

Polygraphs should be used as one component of an overall sex offender management strategy.

Electronic Monitoring, Including Global Positioning Systems

Another recent trend in sex offender management and supervision has been the use of GPS to monitor sex offenders. GPS is an updated, more technologically advanced form of the electronic monitoring techniques used with criminal offenders in the past. These earlier versions of electronic monitoring were much more passive in nature, and they typically involved the use of a radio transmitter device (worn by offenders) that alerted a home-based receiver and a remote monitoring station whenever the offender was out of range. Offenders could never be tracked or otherwise located once they left their homes. In a significant technological advance, GPS provides real-time tracking of and location data for the offender, and it also is capable of notifying authorities if an offender enters a prohibited area, such as an offender exclusion zone or victim

residence. Monitoring by GPS can be either active (viewing an offender's movement between locations in real time) or passive (data are saved and reviewed later, and notification is only done electronically based on restriction parameters violated). In the United States —

- Six states use lifetime electronic monitoring (Nieto & Jung, 2006).
- Forty-seven states have some form of electronic monitoring legislation, 19 of which require the use of an electronic monitoring tool. The remaining 28 states permit but do not require electronic monitoring (Button, DeMichele & Payne, 2009).
- Thirty-one states introduced electronic monitoring legislation in 2007, with 14 of 109 bills passing (CSG, 2010).

Research

In a systematic review of 12 studies examining the effectiveness of non-GPS electronic monitoring used with criminal offenders overall (not necessarily sex offenders), WSIPP found no significant reduction in criminal recidivism for offenders subject to electronic monitoring techniques (Aos, Miller & Drake, 2006). However, a second large study that examined the effectiveness of passive monitoring devices and GPS used with criminal offenders subject to home confinement in Florida between 1998 and 2002 did find promising results ($N = 75,661$). Study findings indicated that criminal offenders placed on both passive electronic monitoring devices and GPS had significantly lower levels of revocation for a new criminal offense or for absconding than did offenders subject to home confinement without such monitoring¹² (Padgett, Bales & Blomberg, 2006).

In a study of non-GPS passive electronic monitoring specific to sexual offenders in three of four Canadian provinces that use such a technique, Bonta, Wallace-Capretta and Rooney (2000) compared the recidivism rates of a group of inmates and probationers who were not subject to electronic monitoring with those of a group of offenders who were subject to it. Based on a one-year follow-up period, those on electronic monitoring sexually recidivated (defined as a sex crime reconviction) at a rate of 26.7 percent, compared to 33.3 percent for the probationers who were not monitored and 37.9 percent for the inmates who were not monitored. However, the researchers noted that although there was a statistically significant difference in recidivism between the electronic monitoring and nonelectronic-monitoring groups,¹³ when the results were controlled for risk there was no difference between them. Hence, they concluded that the observed recidivism reductions were due to offender risk dynamics, not program components (Bonta, Wallace-Capretta & Rooney, 2000).

In a study comparing states that have implemented electronic monitoring laws for sexual offenders with those that have not, Button, DeMichele and Payne (2009) found that the states with such laws were no more likely to have rates of violent crime and rape that were higher than the U.S. average than were states without such laws. Additionally, a second study looked at the rates of forcible rape from 2000–2011 Uniform Crime Report data in 10 states¹⁴ that had passed statewide "Jessica's Laws," which included lifetime GPS monitoring. The results found a marginally significant decrease in rape in Georgia related to implementation of GPS,¹⁵ but no significant reduction in rape related to GPS in any of the other nine states. As a result, the authors concluded that there was a null relationship between lifetime GPS and the rate of forcible rape across the 10 states studied (Dierenfeldt & Varriale Carson, 2014).

State agencies in California, Florida, New Jersey and Tennessee, among others, have studied the use of GPS with sexual offenders. Among sexual offenders on GPS in New Jersey ($N = 225$), there were 19 nonsexual criminal recidivists or technical violators and one sexual recidivist in a one-year follow-up (New Jersey State Parole Board, 2007). It should be noted there was no comparison group for this study. In a Florida study of 705 offenders on electronic monitoring using predominantly active GPS (70 percent of whom were lower-risk offenders and 30 percent of whom were habitual or sexual offenders), offenders on electronic monitoring

had a felony recidivism rate of 2.6 percent, while offenders who were not subject to electronic monitoring recidivated at a rate of 6.6 percent in a one-year follow-up. It is not known whether this difference was statistically significant (Office of Program Policy Analysis & Governmental Accountability, 2005). Conversely, a Tennessee study that compared the outcomes of 493 sex offenders on GPS with those of 370 offenders in the same counties prior to the use of GPS found no significant difference between the two groups in the number of technical violations or new charges that occurred or in the number of days before a first technical violation (Tennessee Board of Probation and Parole, 2007).

A California study compared outcomes for 94 GPS offenders and a group of 91 high-risk offenders who were not on GPS. No significant differences in technical violations (which included offenders who committed a new crime) were found between the two groups (39.6 percent vs. 37.2 percent); however, the GPS group was less likely to abscond. This study also included a process evaluation of GPS that showed equipment problems, signal drift, blocked signals and high caseloads impacted effectiveness (Turner et al., 2007). Finally, in a second California study of high-risk sex offenders ($N = 516$) (half of whom were on GPS while the other half was a matched non-GPS comparison group), no significant differences in sex crime rearrest (2.7 percent for the GPS compared to 5 percent for the non-GPS group) or reconviction (1.9 percent compared to 4.3 percent) were found based on a one-year follow-up period. However, the GPS group had significantly lower levels of sex-related parole violations (5 percent compared to 12.4 percent),¹⁶ general rearrests (14.4 percent compared to 26.4 percent)¹⁷ and return to custody (58.1 percent compared to 58.9 percent)¹⁸ (Gies et al., 2012).

Limitations

In terms of the limits of the GPS-specific studies, the sample sizes were relatively small (ranging from 94–262), with at least one study referencing primarily a lower risk, nonsexual offender group. The follow-up periods employed in many studies were not of sufficient length. The inability of several studies to detect a positive GPS effect may be related to problems using the technology or staffing limitations within the monitoring program.

The efficacy of electronic monitoring techniques such as GPS cannot be established at this time. Additional studies with sufficient sample sizes and follow-up periods, and matched comparison groups, are needed to test the impact of GPS. Technological and staffing problems within monitoring programs also need to be addressed so that impact evaluations can focus on GPS programs that are implemented and delivered with integrity. Finally, while research on non-GPS electronic monitoring provides important insights about the value of monitoring strategies, the technological differences between passive alert systems (non-GPS and passive GPS¹⁹) and an active monitoring system (active GPS) are significant and must be accounted for when assessing the effectiveness of any specific monitoring technique or electronic monitoring strategy as a whole in any research summary.

Summary

While GPS may eventually be found to be effective as one strategy in an overall management approach for sexual offenders, empirical evidence does not at this time establish that the strategy is effective when used in isolation. Policymakers and the public should not view GPS as a viable alternative to empirically supported supervision models that incorporate treatment.

***GPS should not be used in isolation
and should be a part of an overall sex
offender management strategy.***

Sexual Offender Civil Commitment

At present, 20 states, the District of Columbia and the federal government have enacted legislation allowing for the establishment of sexual offender civil commitment (SOCC) procedures.²⁰ SOCC is predicated on the belief that some offenders will be at continued high risk (in some cases termed “more likely than not”) to commit a new sexual offense if they are not preventively detained and offered treatment designed to lower their risk for recidivism. To be subject to civil commitment, most SOCC statutes require the state to demonstrate that a potential candidate for this measure has 1) a history of engaging in criminal sexual behavior and 2) a “mental abnormality” that, without treatment, would preclude him or her from being able to manage his or her criminal sexual propensities in the community. These “criteria” form the principal basis for SOCC, and persons committed as sexually violent persons/predators (SVPs) are held until such time as a court finds they no longer meet the criteria.

Research

More than 40,000 sexual offenders in Florida have been screened for possible referral to the courts for SOCC proceedings since the law came into effect in early 1999. However, approximately 9 percent of those screened offenders were referred for psychological/psychiatric evaluation and only about 3.5 percent have been referred to court for civil trial. Even fewer of those referred for commitment were actually found to be SVPs — in fact, less than half of those referred for trial (1.5 percent of the total considered) were designated as SVPs. This makes those persons found to be SVPs an “elite” group, at least as far as Florida is concerned (Wilson et al., 2013). Similar numbers have been reported for SOCC programs in other states: Texas (1 percent civilly committed according to Boccaccini and colleagues, 2009); New York (3.7 percent civilly committed according to the New York State Office of Mental Health, 2010); and Minnesota (6 percent civilly committed according to Duwe, 2013).

At present, very few civil commitment programs have released sufficient numbers of offenders to allow researchers to study the impact of civil commitment in a meaningful way. Across the 16 SOCC programs reporting data to the annual survey of the Sexual Offender Civil Commitment Programs Network (Jackson, Travia & Schneider, 2010), the average number of releases per program was less than 10. Further, most releases from civil commitment have occurred recently, meaning that follow-up times would be quite short. As such, very little data currently exist regarding rates of reoffending in SVPs following release to the community.

Studies of Sex Offenders Recommended for Civil Commitment But Not Designated SVP

A number of studies looked at the sexual recidivism rates for sex offenders recommended for civil commitment but not ultimately designated as a SVP. One such study that provides some insight into the impact of civil commitment on postrelease offending examined the reoffense rates of 135 “almost SVPs” (persons who were referred for SOCC, but petitions were not filed with the court) in Washington State (Milloy, 2007). With a uniform follow-up period of six years, 23 percent were convicted of new felony sexual offenses — a rate considerably higher than that found in “routine” samples of sexual offenders. Another study of note compared high-risk/need sexual offenders in a Canadian jurisdiction to SVPs in Florida (Wilson et al., 2013). In that study, the Canadian and American offenders were virtually identical on pertinent risk assessment and clinical factors, and their relative rates of sexual reoffending were also remarkably similar (6.1 percent in 5.48 years compared to 3.2 percent in 2.54 years), although the Florida SVP sample size was small ($n = 31$) and the follow-up period for the Florida SVPs was relatively short.

In another study involving Florida sex offenders recommended for civil commitment but not ultimately designated SVP, the sexual felony reconviction rates for these offenders was 6.8 percent (for those offenders released for a period between five and 10 years) and 6.5 percent (for those offenders released for a period

over 10 years and no more than 14 years) respectively, as compared to 3 and 4 percent respectively, for those offenders not recommended for SVP consideration and released over the same time periods (Carr et al., 2013).

In a study of 102 sex offenders in New Jersey considered for SVP but not actually committed, 10.5 percent sexually recidivated over a 6.5-year follow-up (Calkins Mercado et al., 2013). Additionally, in a study of 1,928 Texas offenders considered for SVP but not actually committed, 3.2 percent sexually recidivated over a 2.25-7.5-year follow-up (Boccaccini et al., 2009). Finally, in a study of 1,722 similar sex offenders in New York, 1.6 percent and 2.9 percent were rearrested for a sex crime after a one- and two-year follow-up, respectively (New York State Office of Mental Health, 2010).

Studies of Civilly Committed Sexual Offenders Under Community Supervision

In a study of 77 New York sex offenders civilly committed via placement under Strict and Intensive Supervision and Treatment (SIST) in the community, 10 percent violated for sexually inappropriate behavior, with 2.6 percent receiving a new sex crime charge (New York State Office of Mental Health, 2010). In addition, a study of 78 Virginia SVPs on conditional release since 2003 found a 3.8 percent rate for a new sex offense charge (Joint Legislative Audit and Review Committee, 2013). Further, in a study of 347 Texas SVPs, 170 of whom were under community supervision in Texas, none had been charged with or convicted of a new sexual crime. The report does note that both out-of-state SVPs ($n = 2$) were subsequently convicted of new sex crimes. It should be noted that the follow-up time was unspecified in the report (Council of Sex Offender Treatment, 2014).

Finally, in a study of 105 sexual offenders civilly committed in Minnesota from 2004–06, Duwe (2013) used an actuarial risk assessment instrument (MnSOST-R) to estimate the recidivism of this population if it had not been civilly committed and reported that civil commitment likely reduced recidivism by 12 percent over four years.

Limitations

There has not been adequate empirical study to determine the effectiveness of SOCC as a sex offender management strategy at this time, at least in terms of the impact of SOCC on postrelease offending. The limited number of sexual offenders released from SOCC, the short follow-up periods researchers would inherently have to use, and the lack of adequate comparison groups all contribute to a paucity of research on SOCC effectiveness. Far more offenders will have to be released from SOCC, and these offenders will have to spend far more postrelease time in the community, before the impact of SOCC on postrelease offending can be studied in a meaningful way.

Summary

SOCC strategies are being used by 40 percent of states (20 states). While these programs seek to contain and treat the most dangerous sex offenders, they have significant costs; a 2005 survey found that annual per-resident costs ranged from \$12,680 to \$109,000, and that more than \$224 million was spent annually to operate SOCC facilities nationwide (Lieb & Gookin, 2005).

Sex Offender Registration and Notification

Registration was first used in the 1930s with repeat criminal offenders as well as sex offenders. California became the first state to implement sex offender registration in 1947, while Washington became the first state to implement community notification on sex offenders in 1990. The goals of Sex Offender Registration and Notification (SORN) programs have been summarized as deterring offenders from reoffending, giving law enforcement an investigative tool and increasing public protection (CSOM, 1999).

The federal government first implemented a national registration law with the Jacob Wetterling Crimes Against Children and Sexually Violent Offender Registration Act in 1994. A national notification law was enacted with the Megan's Law amendment to the Wetterling Act in 1996. Subsequently, all 50 states have implemented SORN systems. The federal government repeatedly refined and expanded the scope of SORN via a series of amendments to the Wetterling Act (the Lychner Act in 1996, the Jacob Wetterling Improvements Act in 1998, the Campus Sex Crimes Prevention Act in 2000 and the PROTECT Act in 2003), and then ultimately set forth a new SORN scheme with the passage of the Title I of the Adam Walsh Child Protection and Safety Act of 2006, the Sex Offender Registration and Notification Act (SORNA), which replaced the Wetterling Act and subsequent amendments. SORNA's requirements and how they differ from the Wetterling Act have been documented in other sources.²¹ The changes include enhanced registration requirements and procedures, increased availability of sex offender registration information to the public, strengthened information sharing and enforcement mechanisms and greater federal assistance in operating and upgrading sex offender registration programs, sharing and disseminating sex offender information and enforcing registration requirements.

Research

SORN requirements arguably have been implemented in the absence of empirical evidence regarding their effectiveness. It has been suggested that SORN may be a specific deterrent for sex offenders in that it facilitates awareness, monitoring and apprehension of sex offenders and helps prevent sex offenses — particularly repeat sex offenses — from occurring. While these hypotheses were not empirically tested prior to the implementation of SORN requirements, a significant body of research using various methods has since examined the impact of SORN, particularly in relation to recidivism.

Interrupted Time Series Analysis Studies

One research method used to assess the effectiveness of SORN for adult sexual offenders is interrupted time series analysis, which essentially examines an outcome of interest using many observations before and after the implementation of a specific intervention. Several interrupted time series analyses assessing SORN have been completed in recent years. In one analysis of state SORN laws, Prescott and Rockoff (2011) found that SORN may have contributed to a decrease in sex crimes. More specifically, the study found that sex offender registration led to a decrease in the rate of victimization of nonstrangers and a reduction in recidivism for identified sex offenders. However, community notification did not appear to reduce recidivism for identified sex offenders (Prescott & Rockoff, 2011).

A similar analysis focused on the impact of SORN on rape in 10 states. Using Uniform Crime Report (UCR) data on rapes reported to the police as the outcome measure, the study found that statistically significant reductions in reported rape occurred following the implementation of SORN in three of the 10 states (Hawaii²², Idaho²³ and Ohio²⁴). In six states (Arkansas, Connecticut, Nebraska, Nevada, Oklahoma and West Virginia), no significant change was observed following SORN implementation, and one state (California) actually had a statistically significant **increase** in sex crimes following SORN implementation.²⁵ Based on the varied findings, the authors concluded there was no systematic influence of SORN on the rate of reported rape (Walker et al., 2006). (For more on UCR data, see the "Uniform Crime Report" section of Chapter 1: "Incidence and Prevalence of Sexual Offending," in the Adult section.)

Presently, 41 states have some kind of registration for juveniles adjudicated delinquent of sex offenses; 30 states either permit or require public website posting for those juveniles, and that the vast majority require registration and public notification for juveniles transferred for trial and convicted as an adult.²⁶ In reviewing UCR sex crime arrest data from 47 states for 1994 through 2009, Holmes (2009) did not find a statistically significant decrease in the rate of sex crime arrest in either juvenile registration states or juvenile notification states (post-SORN).

Several studies have examined the impact of SORN in individual states. For example, in South Carolina, adult sex crimes were compared to nonsexual assault and robbery crimes pre- and post-SORN implementation ($N = 194,575$, of which 19,060 were sex crime arrests). Data were examined for 1990 through 2005. SORN implementation occurred in 1995. The study found that the sex crime rate declined by 11 percent²⁷ from pre- to post-SORN while the rates of assault and robbery did not, suggesting the possibility that SORN was a deterrent to sex crimes (Letourneau, Levenson, Bandyopadhyay, Armstrong & Sinha, 2010). In another study from New Jersey, a downward trend in the sex assault rate was observed both pre- and post-Megan's Law (SORN), but the rate of decline increased after Megan's Law was implemented (Veysey, Zgoba & Dalessandro, 2008).

A number of state studies did not find evidence that SORN implementation positively impacted the rate of sexual offending or recidivism. Interestingly, one of these studies focused on South Carolina, where another study **did** find evidence of a positive SORN impact (Letourneau, Levenson, Bandyopadhyay, Armstrong & Sinha, 2010).

In the South Carolina study that **did not** find evidence of a positive SORN effect, recidivism was examined in the context of registration status for 6,064 male offenders convicted of at least one sex crime in that state between 1990 and 2004. The study found that registration status did not predict recidivism (Letourneau, Levenson, Bandyopadhyay, Sinha & Armstrong, 2010). Another state study taking place in New York analyzed sex crime, assault, robbery, burglary and larceny arrests from 1986 through 2006. Study results indicated that the implementation of the state's sex offender registry did not decrease the rearrest rate for convicted sex offenders, deter nonregistered offenders from offending or decrease the overall rate of sex crimes. It was also noted that 94.1 percent of child molestation arrests were for first-time sex offenders (Sandler, Freeman & Socia, 2008). Finally, an analysis that focused on South Carolina juveniles who committed sexual offenses between 1990 and 2004 ($N = 1275$) found that 7.5 percent were charged with a new sex offense and 2.5 percent were adjudicated for a new sex offense during a nine-year follow-up period (Letourneau, Bandyopadhyay, Sinha & Armstrong, 2010). More importantly, the researchers found that registration was not associated with recidivism; however, nonsexual, nonassault recidivism (defined as a new charge) significantly decreased for those on the registry²⁸ (Letourneau, Bandyopadhyay, Sinha & Armstrong, 2010).

Limitations: Interrupted Time Series Analysis Studies

One of the primary limitations of the studies cited above is that time series analysis and before/after methods in general are not as capable of isolating intervention effects as a randomized controlled trial. While an interrupted time series analysis based on a sufficient number of observations can produce highly trustworthy findings, outside factors such as changes in supervision, treatment and other sex offender management practices pre- and post-SORN may also be influencing study results. Further, the authors in the New Jersey study cautioned that wide variety across county sex crime rates was noted, and the analysis did not uniformly and consistently demonstrate downward trends, suggesting that the statewide pattern identified might represent a spurious effect and be an aggregation artifact (Veysey, Zgoba & Dalessandro, 2008). Finally, other variables such as sex crime underreporting (which could be aggravated by SORN due to the unwillingness of intrafamilial victims to report because of fears about SORN) and the limitations of official sex crime statistics may be confounding these results.

Studies Employing a Comparison Group

A number of studies have examined the impact of SORN by comparing the outcomes of sex offenders subject to SORN with those not subject to this strategy. These studies have generally produced mixed results.

One study finding a positive effect examined the recidivism of 8,359 sexual offenders in Washington State. Some of those offenders were subject to SORN, while others were not because SORN requirements were not

yet in place. The study found that the sex offenders subject to SORN sexually recidivated (defined as a new Washington state conviction for a felony sex crime) at a 2 percent rate, while the pre-SORN group recidivated at a 7 percent rate²⁹ (WSIPP, 2005). Another study finding a positive impact took place in Minnesota. Researchers compared Level III sexual offenders subject to community notification between 1997 and 2002 ($n = 155$) with precommunity notification sexual offenders retrospectively scored as Level III offenders ($n = 125$), and Level I and II sexual offenders not subject to community notification ($n = 155$).³⁰ Based on a three-year follow-up period, the community notification group had a statistically significantly lower sexual recidivism rate based on reconviction (3.2 percent), compared to the prenotification group and nonnotification group (32.8 percent and 9.6 percent, respectively)³¹ (Duwe & Donnay, 2008).

On the other hand, several state-level studies have not found evidence of a positive SORN effect. For example, in an Iowa study, a group of sex offenders subject to registry requirement ($n = 233$) who were also under legal supervision were compared to a matched group of preregistry sex offenders not under supervision ($n = 201$). In a 4.3-year follow-up, the registry group sexually recidivated (defined as a new sex crime conviction) at a rate of 3 percent, compared to the nonregistry group's 3.5-percent recidivism rate. This difference was not statistically significant. However, when the recidivism rates of parolees and probationers were compared, the researchers found that registration requirements may have had more of an impact on parolees (Adkins, Huff & Stageberg, 2000).

In New Jersey, researchers compared the recidivism rates of offenders subject to SORN with those of offenders who were not subject to this strategy ($n = 550$). Based on a 6.5-year follow-up period, offenders subject to SORN recidivated at a rate of 7 percent, compared to 11 percent for offenders who were not subject to SORN; however, these differences were not found to be statistically significant (Zgoba & Bachar, 2009; Zgoba et al., 2008).

In Wisconsin, the recidivism rates of sex offenders subject to registration and extensive notification between 1997 and 1999 ($n = 47$) were compared with those of sex offenders who had limited notification requirements ($n = 166$). No statistically significant differences in sex crime rearrest rates over a four-year follow-up period were found, as 19 percent of the extensive notification group sexually recidivated, compared to 12 percent for the limited notification group (Zevitz, 2006). Similar findings were reported in a Washington State study. Again, the recidivism rates of sex offenders subject to SORN ($n = 139$) were compared with those of sex offenders not subject to SORN. Based on a 54-month follow-up, sex offenders subject to SORN were found to have a sex crime rearrest rate of 19 percent while the rate for the non-SORN group was 22 percent, a difference that is not statistically significant. However, the researchers noted that the offenders subject to SORN were arrested more quickly than offenders in the comparison group (Schram & Milloy, 1995). Finally, in a study of New York sex offenders pre- and postcommunity notification ($N = 10,592$), researchers found no significant differences in sexual (7 percent) or general (46.6 percent) rearrest rates based on an 8.2-year follow-up period. However, the community notification offenders were rearrested twice as quickly for a new sex crime as the noncommunity notification offenders³² (Freeman, 2012).

Research on SORN as it relates to offender recidivism has produced mixed results.

Limitations: Studies Employing a Comparison Group

The primary limitation of the studies described above is the inability to control for all outside factors and to isolate the effects of SORN requirements on recidivism.

Survey Data

Surveys of stakeholders can provide descriptive data about the impact of SORN on different populations, including the public, sexual offenders and supervision officers.

Impact on the Public

One multistate study ($n = 115$ from 15 states) of community members found general familiarity with and support for SORN, along with a belief that it prevents offending (Schiavone & Jeglic, 2009). State-level surveys of community members regarding SORN in Florida, Nebraska, Washington and Wisconsin found that the public —

- Was aware of and supported SORN (Anderson & Sample, 2008; Lieb & Nunlist, 2008).
- Thought it was fair (Brannon et al., 2007).
- Believed that it provides safety for their family (Anderson & Sample, 2008; Lieb & Nunlist, 2008; Zevitz & Farkas, 2000a).
- Thought it makes sex offenders follow the law (Phillips, 1998, as cited in CSOM, 2001; Lieb & Nunlist, 2008; Brannon et al., 2007).
- See the benefits of SORN and learning about sex offenders through SORN (Phillips, 1998, as cited in CSOM, 2001; Lieb & Nunlist, 2008).
- Took preventive measures (38 percent)³³ based on SORN information (Anderson & Sample, 2008).
- Reported suspicious behavior of offenders (3 percent)³⁴ (Lieb & Nunlist, 2008).
- Accessed the registry (31 percent),³⁵ but those who did were more likely to be female, to be affluent and to have children (Sample, Evans & Anderson, 2011).

Survey responses indicate that SORN has both negative and positive impact on offenders and that the public is generally supportive of SORN as promoting public safety.

Impact on Offenders

In a review of eight individual surveys on SORN's impact on sexual offenders subject to it,³⁶ Lasher and McGrath (2012) found that —

- 8 percent of sex offenders reported physical assault or injury
- 14 percent reported property damage
- 20 percent reported being threatened or harassed

- 30 percent reported job loss
- 19 percent reported loss of housing
- 16 percent reported a family member or roommate being harassed or assaulted
- 40–60 percent reported negative psychological consequences

However, more than one-third of adult sex offenders reported communities being safer and approximately three-fourths felt it was a deterrent to offending (Lasher & McGrath, 2012).

A number of studies involving surveys of sexual offenders in states across the country indicate that SORN requirements have a range of negative impacts on sexual offenders. These include negative impacts on sex offenders' jobs, housing, friends and family (Ackerman, 2009; Levenson, D'Amora & Hern, 2007; Tewksbury, 2004; Vandiver, Dial & Worley, 2008), which results in stress, isolation, loss of hope and shame/embarrassment (Levenson & Cotter, 2005a), and the greater likelihood of living in disadvantaged neighborhoods where services are less available (Hughes & Kadleck, 2008). Studies have also found that 10–13 percent of sex offenders report experiencing violence (Brannon et al., 2007; Levenson, D'Amora & Hern, 2007) and harassment (Vandiver, Dial & Worley, 2008; CSOM, 2001). While many sexual offenders report the belief that SORN would not deter reoffending and was unfair punishment (Ackerman, 2009; Brannon et al., 2007; Levenson, D'Amora & Hern, 2007; Tewksbury & Lees, 2007; Tewksbury, 2004), many also report that SORN requirements motivate them to be successful (Levenson, D'Amora & Hern, 2007; Levenson & Cotter, 2005a).

Impact on Criminal Justice and Law Enforcement Professionals

In a survey of probation and parole officers ($n = 77$), respondents reported they generally believed community notification served an appropriate goal but had a high cost for corrections in terms of personnel, time and money. They also believed it made sex offender housing difficult to locate (Zevitz & Farkas, 2000b).

In a second survey of criminal justice professionals ($N = 1,157$), law enforcement officers and prosecutors were more supportive of SORN and residence restrictions, while other corrections professionals (e.g., wardens, parole board members and community corrections personnel) were less supportive.³⁷ In addition, higher levels of education and experience was inversely related to support for such policies, in that the most experienced and educated personnel were less supportive than their less experienced and educated counterparts (Mustaine et al., 2015).³⁸

Finally, in a survey of law enforcement professionals ($N = 1,247$) from 49 states and the District of Columbia, including command staff (35 percent), supervisory staff (30 percent) and line sworn and civilian staff (35 percent), the primary purposes and effectiveness of SORN were identified as monitoring offenders and information sharing, and to a lesser extent informing the public and criminal investigation. Deterrence of future sexual offending by registrants was not typically identified as a goal or outcome of SORN. Concerns identified by respondents included public misunderstanding of and inaction as a result of SORN, which provides a false sense of security. In addition, incomplete registry information including the lack of accurate risk information on registrants, the lack of integrated data with other information systems, transient and homeless registrants and lack of court supervision were identified as needs. Law enforcement recommendations included enhanced penalties and prosecution for registry noncompliance and the need for additional resources (Harris et al., 2015).

Impact on Sexual Assault Survivors

In a survey of sexual assault survivors ($n = 598$), respondents reported support for SORN to be applied to all sexual offenders regardless of the relationship to the victim and did not believe that it impacted reporting

by survivors to law enforcement. However, survey results provided less support for SORN as a mechanism to provide for public safety or deter future sexual offending, and indicated concerns related to SORN providing a false sense of security (Craun & Simmons, 2012).

Limitations: Survey Data

The limitations of survey data have previously been identified and are applicable here.

Impact of Failure To Register

Several studies have examined whether sex offenders who fail to comply with registration requirements are more likely to recidivate than offenders who do comply. For example, a Washington State Institute for Public Policy study (2006) found higher recidivism for noncomplying sex offenders compared to their registration-compliant counterparts. Noncomplying sex offenders had a felony sex crime conviction recidivism rate of 4.3 percent, while complying sex offenders had a rate of 2.8 percent. It is unknown whether this difference was statistically significant (WSIPP, 2006). Studies in Minnesota, New Jersey and South Carolina, however, failed to find any significant differences in recidivism between registration-compliant and noncompliant sex offenders. In Minnesota, Duwe and Donnay (2010) compared the recidivism rates of 170 sex offenders who had a failure-to-register charge between 2000 and 2004 with those of 170 nonfailure-to-register sex offenders and found that the noncompliant sex offenders were no more likely to sexually recidivate (defined as a new sex crime arrest or conviction) (Duwe & Donnay, 2010). Similarly, a study focused on sex offenders in South Carolina ($N = 2,970$) found that those who failed to register were no more likely to sexually recidivate (11 percent) than those not so charged (9 percent) (Levenson et al., 2009). Finally, in a study of New Jersey sex offenders ($N = 1,125$), 644 of whom failed to register and 481 who did register, researchers again found no significant difference between the two groups in terms of their sexual rearrest rates (18 percent for the failure-to-register group compared to 11 percent for the registering group) (Zgoba & Levenson, 2012).

Limitations: Impact of Failure To Register

Relatively few studies have examined whether noncompliant offenders are more likely to reoffend than compliant offenders, and the studies again suffer from the low base rate for sexual recidivism and limited generalizability.

Accuracy Research

A number of studies have examined the accuracy of sex offender registries. For example, Hughes and Kadleck (2008) reviewed the accuracy of sex offender registries in Nebraska and Oklahoma and found that approximately 90 percent of the Nebraska records were accurate ($n = 975$), while 56.5 percent of the Oklahoma records were accurate ($n = 5,163$). In a random sample of New York registry records ($n = 200$), 37 percent of the records were found to be inaccurate, including 27 percent that did not match driver's license information and 2.5 percent that had wrong addresses (Office of the New York State Comptroller, 2006). Finally, in a Vermont study of sex offender registry records ($n = 57$), 75 percent of the records were found to have critical or significant errors (Vermont State Auditor, 2010).

Limitations: Accuracy Research

Audits of sex offender registry records provide important insights about the accuracy and reliability of sex offender registries. The major limitations of these studies are that they often are based on small sample sizes and their generalizability to other jurisdictions remains unknown.

Summary

In summary, research on the effectiveness of SORN remains relatively limited and findings from the studies are somewhat inconclusive. Findings from time series studies are mixed. Some studies find lower rates of sex crimes following SORN implementation, while others do not. Studies based on a comparison of outcomes for sex offenders subject and not subject to SORN also produced mixed findings. An arguable lack of sufficient scientific rigor may further cloud the import of studies in this area. Therefore, the results of SORN research undertaken to date continue to leave open questions about the effects of registration and community notification requirements. Finally, few if any studies to date have examined the multifaceted elements of registration laws, generally, or SORNA, specifically which incorporates requirements, procedures and information sharing and enforcement mechanisms going beyond those prevalent in SORN programs examined in past studies.

Research findings on the effectiveness of SORN are mixed, and more high-quality studies with sufficient scientific rigor are needed.

Sexual offenders in survey responses claim a range of negative impacts from SORN; however, many see it as a deterrent to committing future crimes. Further research is clearly needed to corroborate these survey findings. Surveys of community members indicate that the public is familiar with SORN laws, and also that they are generally supportive of SORN.

Finally, registry accuracy studies have found significant problems with registry records in some states. **The need for accurate registry information was recently highlighted by the sex offender management experts who participated in the 2012 SOMAPI forum.**

Clearly, additional research is needed to help better answer questions about SORN effectiveness and about which aspects of the policy may be beneficial and cost-effective and, conversely, which may not. **Given the limitations of existing research regarding SORN, the SOMAPI forum participants recommended that future changes to SORN be studied prior to enactment, particularly in the context of existing knowledge about sexual offender risk and recidivism.** Pilot testing prior to full-scale implementation provides one mechanism for examining potential impacts, both positive and negative.

Residence Restrictions

Sex offender residence restrictions that limit where convicted sex offenders may legally live have become more popular across the country. These restrictions typically prevent sex offenders from living within 1,000 to 2,500 feet of schools, daycare centers and other places where children congregate. The first states to adopt residence restrictions were Delaware and Florida in 1995. Currently, 30 states and many more municipalities have residence restriction laws, some in accordance with Jessica's laws (Meloy, Miller & Curtis, 2008). As with many other sex offender management strategies implemented across the United States, there was no research evidence to support the effectiveness of residence restrictions prior to the enactment of this policy. However, empirical evidence questioning the effectiveness of residence restrictions is becoming available.

Outcome Data

Several studies have looked at sexual offender recidivists to determine whether living in proximity to places where children congregate was a risk factor and whether residence restrictions would have deterred reoffense.

In one study commissioned by the Colorado legislature for the purpose of studying the potential impact of residence restrictions prior to implementation (a recommended practice), no significant difference in recidivism (defined as any new criminal conviction) patterns was found based on whether or not an offender lived in proximity to schools and daycare centers (Colorado Department of Public Safety, 2004). In a study of sex offenders subject to residence restrictions in Florida ($n = 165$), researchers found no significant difference in the distance recidivists (defined as a new sex crime rearrest) and nonrecidivists lived in proximity to schools and daycare centers (Zandbergen, Levenson & Hart, 2010).

In Jacksonville, Florida, researchers investigated the effects of a 2,500-foot residence restriction ordinance on sexual recidivism (defined as a new sex crime arrest) and sex crime arrest rates. No significant differences in recidivism were found pre- and post-policy implementation. Similarly, there was no significant difference in sex crime arrest rates pre- and post-policy implementation. The authors concluded that the residence restriction ordinance did not reduce recidivism or deter sex crimes (Nobles, Levenson & Youstin, 2012).

In a study of county and local residence restrictions in New York ($N = 8,928$ cases; 144 months of data from each of 62 New York counties), researchers found no significant impact on sexual recidivism against child or adult victims or on arrests for sex crimes against child victims. However, there was a 10 percent decrease in the rate of arrests for sex crimes against adult victims.³⁹ As a result, the researchers concluded that residence restrictions do not appear to deter sexual recidivism or sex crime arrests where the victim was a child, but they may deter sex crimes involving adult victims (Socia, 2012).

The Iowa Department of Criminal and Juvenile Justice Planning studied the effect of Iowa's 2,000-foot residence restriction law, which was implemented in August 2005. The number of charges for sexual assaults involving minor victims was examined for both the 12-month period preceding the law's implementation and the 24-month period after the law went into effect. The study found no significant downward trend in the number of charges following passage of the law. In fact, sex crime arrests increased steadily over each of the three years (913, 928 and 1,095) of the study (Blood, Watson & Stageberg, 2008).

In a study of the impact of residence restrictions on sex offenders in Michigan and Missouri, the results indicated a decline, but not statistically significant, in sex offenders living in restricted areas following implementation of the restriction (Michigan: 23 percent lived within a restricted area prior to the law, while 22 percent lived in such an area post-law; Missouri: 26 percent lived within a restricted area prior to the law, while 21 percent lived in such an area post-law). This suggests there was not a significant displacement of sex offenders to rural areas as has been found in other studies, although those that did live within a restricted area were more likely to be in a disadvantaged area. In addition, there was no significant difference found in general recidivism after the law was enacted in either state, although recidivists in Michigan were reconvicted more quickly following implementation of the law (the same did not hold true for Missouri). Finally, the study noted that sexual recidivism outcomes for those subject to restrictions could not be analyzed due to the low base rate in the overall sample (less than 3 percent) (Huebner et al., 2014).

Socia (2015) completed a review of Uniform Crime Report data on forcible rape over a 19-year period from 49 states (excluding Illinois) and the District of Columbia. The results indicated that rate of forcible rape was 13 percent higher in states having residence restrictions than those that did not have such restrictions.

One of the more comprehensive studies of residence restrictions occurred in Minnesota. The researchers examined the characteristics of recidivism events for 224 sex offenders who committed a new sex crime and were reincarcerated between 1990 and 2002. The researchers found that 79 percent of these offenders knew the victim prior to the reoffense. Moreover, 85 percent of the reoffenses studied occurred in a residential location and 39 percent occurred outside the home, with 9 percent taking place within 1 mile of the offender's house. Of these 9 percent, three offenders contacted a victim at a restricted location; two of the offenders

were not in proximity to where they lived and the third contacted an adult victim. The researchers concluded that none of the reoffenses would have been deterred by residence restrictions (Duwe, Donnay & Tewksbury, 2008). It is interesting to note that in Minnesota, the Department of Corrections raised concerns about the unintended negative consequences of residence restrictions, including the potential for sex offenders to congregate in rural areas without ties to the community, thereby resulting in social isolation; a lack of work, education and treatment; and being farther away from supervision (Minnesota Department of Corrections, 2003).

Finally, in a convenience sample study of sex offenders randomly selected after being released from prison between 1996 and 2006 ($n = 293$ child molesters and 112 rapists), researchers found that 76.5 percent of the offenders met their victim in a private location and only 6.8 percent met a victim in proximity to a residence restriction setting. Additionally, 82.2 percent of offenses occurred in a private setting and 9.1 percent of victims were strangers to the offender, with 18.8 percent of rapists and 14.7 percent of child molesters meeting the victim in a public location. Based on this analysis, the researchers suggested that social rather than geographic proximity influenced offending (Columbino, Mercado & Jeglic, 2009).

Limitations: Outcome Data

Limitations of residence restriction outcome studies are similar to those previously identified for other research, including small sample sizes, short follow-up periods, low sexual recidivism rates and the inability of most studies to isolate the impact of residence restrictions from other influences.

Survey Data

Impact on the Public

A number of researchers have studied the impact of residence restrictions on where sex offenders reside in the community. In a Chicago study ($N =$ approximately 4,000), researchers found that sex offenders were more likely to live in disadvantaged neighborhoods (30 percent of sex offenders lived in these areas, which is nearly 5.5 times greater than the number living in affluent areas). In a study of those sex offenders violating the residence restriction law ($n = 1,008$), 29 percent lived in a disadvantaged neighborhood and 2 percent lived in an affluent neighborhood. Finally, it was noted that 70 percent of the disadvantaged area was off limits to sex offenders, compared to 32 percent of affluent areas. The research suggests that residence restrictions lead to a disproportionate number of sex offenders living in disadvantaged neighborhoods (Hughes & Burchfield, 2008). Similar results concerning the disproportionate impact of residence restrictions have been found in other studies. A Minnesota Department of Corrections study found that more offenders would be relegated to rural areas as a result of residence restrictions (Minnesota Department of Corrections, 2003). In a New Jersey study of three different areas (rural Alpha and Phillipsburg, urban Newark and suburban Bergen County), researchers found that half of the rural area, 93 percent of Newark and 66 percent of Bergen County would be restricted (Mandelstam & Mulford, 2008).

Impact on Offenders

Sex offenders have had to relocate due to the passage of residence restriction laws in states and municipalities (Barnes et al., 2009; Chajewski & Mercado, 2008; Levenson & Cotter, 2005b; Tewksbury & Zgoba, 2010). Residence restrictions further limit the housing options in urban areas (Barnes et al., 2009; Chajewski & Mercado, 2008; Page et al., 2012; Levenson, 2008). This combination led to a report of increased homelessness (Levenson, 2008), loss of family support and financial hardship (Page et al., 2012; Levenson & Cotter, 2005b).

In a study of nonincarcerated registered sex offenders in Florida ($n = 23,523$), the rate of failure to register (FTR) was approximately 11 percent with fewer than 2 percent having multiple failures to register and about 3 percent listed as having absconded. In addition, 3.2 percent of registrants were identified as transient and the majority of those (84 percent) were no longer under probationary supervision. The study indicated that larger number of transients were found in counties that had more residence restrictions covering larger areas with higher population density and housing costs (Levenson et al., 2015).

Impact on Criminal Justice Professionals

For more information related to the viewpoints of criminal justice professionals on residence restrictions, see Mustaine et al. (2015) in the SORN section.

Limitations: Survey Data

Limitations of survey data have previously been highlighted.

Summary

In summary, there is no empirical support for the effectiveness of residence restrictions. In fact, a number of negative unintended consequences have been empirically identified, including loss of housing, loss of support systems and financial hardship that may aggravate rather than mitigate offender risk. In addition, residence restrictions lead to the displacement and clustering of sex offenders into other areas, particularly rural areas. Given the above, **expansion of this policy was not recommended by the group of sex offender management professionals attending the SOMAPI forum.**

Summary

This chapter has focused on the effectiveness of a number of prominent sex offender management strategies, including specialized supervision, COSA, polygraph, GPS, civil commitment, SORN and residence restrictions. Specialized supervision, in conjunction with rehabilitation, appears to be effective in reducing recidivism for sexual offenders. However, the use of specialized supervision in the absence of rehabilitation is not supported by research. The few single studies of COSA that have been undertaken thus far have produced encouraging findings, but far more research employing larger samples of offenders and more rigorous designs capable of isolating COSA effects are needed. **Nevertheless, given COSA's ability to facilitate collaboration with members of the community, the SOMAPI forum experts recommend COSA as a sex offender management strategy.** Research related to the use of polygraph assessment is somewhat less definitive. Therefore, the polygraph, if used, should only be used in conjunction with a comprehensive supervision and treatment approach.

In terms of SORN, research to date has exhibited mixed results on sex offender crime rates and recidivism. Studies have not adequately controlled for outside factors that might serve as an alternative explanation for the observed study outcomes. Future, more rigorous research on the effects of SORN is needed. Despite these limitations, there is broad public and policymaker support for SORN and a perceived public safety benefit among these groups.

Finally, the evidence is fairly clear that residence restrictions are not effective. In fact, the research suggests that residence restrictions may actually increase offender risk by undermining offender stability and the ability of the offender to obtain housing, work and family support. There is nothing to suggest this policy should be used at this time.

Sex offender management policies are often implemented on a one-size-fits-all basis for all sexual offenders. The merits of using targeted rather than one-size-fits-all strategies were recently acknowledged by participants in the 2012 SOMAPI forum. **The SOMAPI forum experts recommend implementation of all of the above-noted policies that show a positive impact, with the caveat that the use of any strategy should always be commensurate with offender risk and need.**

Future Directions

The SOMAPI forum experts recommend that sex offender management policymakers strive to use empirically supported strategies. Granted, there are times when new strategies are identified in the absence of research and need to be tested for effectiveness, as innovation in criminal justice practice, including sex offender management, is important. Therefore, it is recommended that future implemented policies should be evidence-generating.

RESULTS FROM THE SOMAPI INVENTORY OF PROMISING PRACTICES

- **Q: Are you moving toward using a particular program in your work?**
 - Self-regulation model (Good Lives)
 - Risk, needs, responsivity model
 - Use of the stable and acute assessments — to determine risk of sexual reoffense and develop strategies to address
 - Changing emphasis from exclusive relapse prevention to more strengths-based treatment and targeting of dynamic risk factors
- **Q: What practices or programs have you tried that didn't work?**
 - We tried offering funds for transitional housing ... landlords were reluctant to participate.
 - Excessive focus on a detailed sexual history and accountability for all past sexual behavior has not worked.
 - Overemphasis on relapse prevention with low-risk sex offenders or offenders with only one sexual offense has not worked.

Sex offender management continues to be a priority for the public, policymakers and professionals. Using research to identify what does and does not work can help ensure that the best possible strategies for protecting the public and reducing victimization are in place. Only through objective, systematic study can we definitively know what is and what is not effective. As Patty Wetterling, in whose son's memory the first SORN system was developed at the federal level, has observed, "People want a silver bullet that will protect children, but there is no silver bullet. There is no simple cure to the very complex problem of sexual violence" (Human Rights Watch, 2007).

Notes

1. While sex offender management has also taken on increasing importance in other countries, the focus of this chapter is on sex offender management strategies in the United States.
2. For an in-depth review, see Levenson and D'Amora (2007).
3. A study consisting of random assignment to either the intervention group or a comparison group, and comparing the outcomes for the two groups.

4. $p < 0.41$ for the Linn County sexual offenders and $p < 0.01$ for the Jackson County nonsexual offenders.
5. $p < 0.01$.
6. $p < 0.001$.
7. $p < 0.05$.
8. Ibid.
9. $p < 0.05$.
10. $p < 0.05$.
11. Ibid.
12. $p < 0.001$.
13. $p < 0.05$.
14. California, Florida, Georgia, Kansas, Louisiana, Missouri, North Carolina, Oregon, Rhode Island and Wisconsin.
15. $p < 0.10$.
16. $p < 0.001$.
17. Ibid.
18. $p < 0.05$.
19. Passive GPS does not allow movement to be viewed in real time (active GPS) and must be downloaded from the device to a computer.
20. Dr. Robin Wilson provided assistance with the development of this section.
21. See, for example, U.S. Dep't of Justice, *The National Guidelines for Sex Offender Registration and Notification*, 73 Fed. Reg. 38029, 38044-45, 38047, 38058-61, 38069-70 (July 2, 2008); U.S. Dep't of Justice, *Supplemental Guidelines for Sex Offender Registration and Notification*, 76 Fed. Reg. 1630, 1636-38 (Jan. 11, 2011); Harris and Lobanov-Rostovsky, 2010.
22. $p < 0.1$.
23. $p < 0.05$.
24. Ibid.
25. Ibid.

26. For further details as to each state's treatment of juveniles adjudicated delinquent of sex offenses and their corresponding registration responsibilities and notification requirements, see ALA. CODE §15-20A-28 (2014), ARIZ. REV. STAT. ANN. § 13-3821(D) (2014), ARK. CODE ANN. § 9-27-356 (2014), CAL. PENAL CODE §290.008(a) (2014), COLO. REV. STAT. §16-22-102(3) (2013), DEL. CODE ANN. tit. 11, §§ 4121(a)(4)(b) & 4123 (2014), FLA. STAT. § 943.0435(a)(1)(d) (2014), IDAHO CODE ANN. § 18-8403 (2014), 730 ILL. COMP. STAT. 150/3-5 (2014), IND. CODE ANN. §11-8-8-4.5(b) (2014), IOWA CODE § 692A.103 (2013), KAN. STAT. ANN. § 22-4902(b)(2) (2013), LA. REV. STAT. ANN. §15:542 (2013), MD. CODE ANN., CRIM. PROC. § 11-704.1 (2014), MASS. GEN. LAWS. ANN. ch. 6, §178K (2014), MICH. COMP. LAWS. SERV. §28.722 (2014), MINN. STAT. §243.166 (2014), MISS. CODE ANN. §45-33-25 (2013), MO. REV. STAT. §§ 211.425 & 589.400 (2014), MONT. CODE ANN. § 46-23-502 (2013), NEB. REV. STAT. ANN. § 29-4003 (2013) (only juveniles relocating from out of state with pre-existing registration requirements are required to register, <https://sor.nebraska.gov/FAQ>), NEV. REV. STAT. ANN. § 179D.095 (2014), N.H. REV. STAT. ANN. 651-B:1(XI), N.J. REV. STAT. § 2C:7-2 (2014), N.M. STAT. ANN. §29-11A-5.1 (2013), N.C. GEN. STAT. §14-208.26 (2014), N.D. CENT. CODE §12.1-32-15 (2013), OHIO REV. CODE ANN. §2950.01 (2014), OKLA. STAT. tit. 10A, §2-8-102 (2013), OR. REV. STAT. §181.823 & §181.609 (2013), 42 PA. CONS. STAT. §9799.12 (2014), R.I. GEN. LAWS § 11-37.1-2(c)(4) (2014), S.C. CODE ANN. §23-3-430(C) (2013), S.D. CODIFIED LAWS § 22-24B-2 (2014), TENN. CODE ANN. §40-39-202(28) (2014), TEX. CODE CRIM. PROC. ANN. art 62.001 & 62.351 (2014), UTAH CODE ANN. § 77-41-102(9)(f) (2014), VA. CODE ANN. §9.1-902(G) (2014), WASH. REV. CODE ANN. §9A.44.128 (2013), WIS. STAT. §301.45(1g)(a) (2014), WYO. STAT. ANN. §7-19-301 (2014).

27. $p < 0.0001$.

28. $p < 0.05$.

29. Differences among study periods are statistically significant beyond the 0.05 probability level.

30. Level III sex offenders (high public risk) are those who score greater than 7 on the MnSOST-R, a state-based risk assessment instrument, and are subject to broad public notification. On the other hand, Level I (low public risk) and Level II (moderate public risk) sex offenders score less than 4 and between 4 and 7, respectively, and are not subject to broad public notification.

31. $p < 0.01$ for the prenotification group and $p < 0.05$ for the nonnotification group.

32. $p < 0.05$.

33. The percentage of public members who responded to this item was less than for previous items.

34. Ibid.

35. Ibid.

36. Lasher and McGrath (2012, p. 1) reported in the abstract, "Eight quantitative studies that examined the social and psychological impact of community notification on adult sex offenders ($N = 1,583$) were reviewed. The pattern of results across studies showed considerable similarities despite marked variability in the populations examined, survey methods used and response rates obtained."

37. $p < 0.01$.

38. $p < 0.01$.

39. $p < 0.01$.

References

- Ackerman, A.R. (2009). Registration and community notification laws: Do the consequences outweigh the benefits? *Sex Offender Law Report, 10(6)*, 81–95.
- Adkins, G., Huff, D. and Stageberg, P. (2000). *The Iowa Sex Offender Registry and Recidivism*. Des Moines, IA: Iowa Department of Human Rights.
- Ahlmeyer, S., Heil, P., McKee, B. & English, K. (2000). The impact of polygraphy on admissions of victims and offenses in adult sexual offenders. *Sexual Abuse: A Journal of Research and Treatment, 12(2)*, 123–138.
- Anderson, A.L. & Sample, L.L. (2008). Public awareness and action resulting from sex offender community notification laws. *Criminal Justice Policy Review, 19(4)*, 371–396.
- Aos, S., Miller, M. & Drake, E. (2006). *Evidence-Based Adult Corrections Programs: What Works and What Does Not*. Olympia, WA: Washington State Institute for Public Policy. Retrieved from: www.wsipp.wa.gov/rptfiles/06-01-1201.pdf.
- Aos, S., Phipps, P., Barnoski, R. & Lieb, R. (2001). *The Comparative Costs and Benefits of Programs to Reduce Crime*. Olympia, WA: Washington State Institute for Public Policy, Document 01-05-1201. Retrieved from: www.wsipp.wa.gov/ReportFile/756.
- Aytes, K.E., Olsen, S.S., Zakrajsek, T., Murray, P. & Ireson, R. (2001). Cognitive/behavioral treatment for sexual offenders: An examination of recidivism. *Sexual Abuse: A Journal of Research and Treatment, 13(4)*, 223–231.
- Baerga-Buffler, M. & Johnson, J.L. (2006). Sex offender management in the federal probation and pretrial service system. *Federal Probation, 70(1)*, 13–17.
- Barnes, J.C., Dukes, T., Tewksbury, R. & De Troye, T.M. (2009). Analyzing the impact of statewide residence restriction law on South Carolina sex offenders. *Criminal Justice Policy Review, 20(1)*, 21–43.
- Bates, A., Macrae, R., Williams, D., Wilson, C. & Wilson, R.J. (2014). Circles South East: The First 10 Years 2002–2012. *International Journal of Offender Therapy and Comparative Criminology, 58(7)*, 861–855.
- Blood, P., Watson, L. & Stageberg, P. (2008). *State Legislation Monitoring Report*. Des Moines, IA: Criminal and Juvenile Justice Planning.
- Boccaccini, M.T., Murrie, D.C., Caperton, J.D. & Hawes, S.W. (2009). Field Validity of the Static-99 and MnSOST-R Among Sex Offenders Evaluated for Civil Commitment as Sexually Violent Predators. *Psychology, Public Policy and Law, 15(1)*, 278–314.
- Bonta, J., Wallace-Capretta, S. and Rooney, J. (2000) Can electronic monitoring make a difference? An evaluation of three Canadian programs. *Crime and Delinquency, 46(1)*, 61–75.
- Boone, D.L., O'Boyle, E., Stone, A. & Schnabel, D. (2006). *Preliminary Evaluation of Virginia's Sex Offender Containment Programs*. Richmond, VA: Virginia Department of Corrections, Research, Evaluation and Forecasting Unit.

- Brannon, Y.N., Levenson, J.S., Fortney, T. & Baker, J.N. (2007). Attitudes about community notification: A comparison of sexual offenders and the non-offending public. *Sexual Abuse, 19*, 369–379.
- Buschman, J., Bogaerts, S., Fougler, S., Wilcox, D., Sosnowski, D. & Cushman, B. (2010). Sexual history disclosure polygraph examinations with cybercrime offences: A first Dutch explorative study. *International Journal of Offender Therapy and Comparative Criminology, 54*(3), 395–411.
- Button, D.M., DeMichele, M. & Payne, B.K. (2009). Using electronic monitoring to supervise sex offenders: Legislative patterns and implications for community corrections officers. *Criminal Justice Policy Review, 20*(4), 414–436.
- Calkins Mercado, C., Jeglic, E., Markus, K., Hanson, R.K. & Levenson, J. (2013). Sex Offender Management, Treatment and Civil Commitment: An Evidence Based Analysis Aimed at Reducing Sexual Violence. Grant number 2007-IJ-CX-0037. Retrieved from: <https://www.ncjrs.gov/pdffiles1/nij/grants/243551.pdf>.
- Carr, C., Schlank, A. & Parker, K.C. (2013). Review of Florida's Sexually Violent Predator Program Office. The Florida Department of Children and Families, Substance Abuse and Mental Health (SAMH) Program Office. Retrieved from: http://media.cmigital.com/shared/news/documents/2013/09/23/09.23_SVPP_Report.pdf.
- Center for Sex Offender Management (CSOM). (1999). *Sex Offender Registration: Policy Overview and Comprehensive Practices*. Silver Spring, MD: Center for Sex Offender Management. Retrieved from: www.csom.org/pubs/sexreg.pdf.
- Center for Sex Offender Management (CSOM). (2001). *Community Notification and Education*. Silver Spring, MD: Center for Sex Offender Management. Retrieved from: www.csom.org/pubs/notedu.pdf.
- Center for Sex Offender Management (CSOM). (2007). *Enhancing the Management of Adult and Juvenile Sex Offenders: A Handbook for Policymakers and Practitioners*. Silver Spring, MD: Center for Sex Offender Management. Retrieved from: www.csom.org/pubs/CSOM_handbook.pdf.
- Center for Sex Offender Management (CSOM). (2008). *Legislative Trends in Sex Offender Management*. Silver Spring, MD: Center for Sex Offender Management. Retrieved from: www.csom.org/pubs/legislative_trends.pdf.
- Chajewski, M. & Mercado, C.C. (2008). An evaluation of sex offender residence restrictions functioning in town, county and city-wide jurisdictions. *Criminal Justice Policy Review, 20*(1), 44–61.
- Clarke, M., Brown, S. & Vollm, B. (2015). Circles of Support and Accountability for Sex Offenders: A Systematic Review of Outcomes. *Sexual Abuse: A Journal of Research and Treatment*. Published online before print September 14, 2015, doi: 10.1177/1079063215603691.
- Colombino, N., Mercado, C.C. & Jeglic, E.L. (2009). Situational aspects of sexual offending: Implications for residence restriction laws. *Justice Research and Policy, 11*, 27–43.
- Colorado Department of Public Safety (2004) *Report on Safety Issues Raised by Living Arrangements for and Location of Sex Offenders in the Community*. Denver, CO: Colorado Sex Offender Management Board. Retrieved from: http://dcj.state.co.us/odvsom/sex_offender/SO_Pdfs/FullSLAFinal.pdf.
- Cooley-Towell, S., Pasini-Hill, D. & Patrick, D. (2000). The value of post-conviction polygraph: The importance of sanctions. *Polygraph, 29*(1), 6–19.

Council on Sex Offender Treatment. (2014). *Biennial Report Regarding the Council on Sex Offender Treatment: December 1, 2012 – November 30, 2014*. Report prepared for the Office of the Governor, Lieutenant Governor, and the Speaker of the House of Representatives. Retrieved from: <http://www.ovsom.texas.gov/docs/OVSOMBiennialReport12012014.pdf>.

Council of State Governments (CSG) (2008). *Zoned Out: States Consider Residency Restrictions for Sex Offenders*. Public Safety Brief. Lexington, KY: Council of State Governments. Retrieved from: www.csg.org/knowledgecenter/docs/pubsafety/ZonedOut.pdf.

Council of State Governments (CSG) (2010). *Legislating Sex Offender Management: Trends in State Legislation 2007 and 2008*. Lexington, KY: Council of State Governments. Retrieved from: www.csg.org/policy/documents/SOMLegislativeReport-FINAL.pdf.

Council of State Governments (CSG) (2015). *The Reentry of Adults Convicted of Sexual Offenses: A National Survey of Reentry Professionals*. Retrieved from: <https://csgjusticecenter.org/wp-content/uploads/2015/02/NSRv.8.pdf>

Craun, S.W. & Simmons, C.A. (2012). Taking a Seat at the Table: Sexual Assault Survivors' Views of Sex Offender Registries. *Victims and Offenders*, 7, 312–326.

Daly, R. (2008). *Treatment and Reentry Practices for Sex Offenders: An Overview of States*. New York: Vera Institute of Justice. Retrieved from: www.vera.org/sites/default/files/resources/downloads/Sex_offender_treatment_with_appendices_final.pdf.

Dierenfeldt, R. & Varriale Carson, J. (2014). Examining the Influence of Jessica's Law on Reported Forcible Rape: A Time-Series Analysis. *Criminal Justice Policy Review*, Published online before print on December 17, 2014. DOI: 10.1177/0887403414563139.

Duwe, G. (2012). Can Circles of Support and Accountability (COSA) work in the United States? Preliminary Results from A Randomized Experiment in Minnesota. *Sexual Abuse: A Journal of Research and Treatment*, 25(2), 143–165.

Duwe, G. (2013). To what extent does civil commitment reduce sexual recidivism? Estimating the selective incapacitation effects in Minnesota. *Journal of Criminal Justice*, 42(2), 193–202.

Duwe, G., Donnay, W. & Tewksbury, R. (2008). Does residential proximity matter? A geographic analysis of sex offense recidivism. *Criminal Justice and Behavior*, 35(4), 484–504.

Duwe, G. & Donnay, W. (2008). The impact of Megan's Law on sex offender recidivism: The Minnesota experience. *Criminology*, 46(2), 411–446.

Duwe, G. & Donnay, W. (2010). The effects of failure to register on sex offender recidivism. *Criminal Justice and Behavior*, 37(5), 520–536.

Elliott, I.A. & Beech, A.R. (2012). A U.K. Cost-Benefit Analysis of Circles of Support and Accountability Interventions. *Sexual Abuse: A Journal of Research and Treatment*, 25(3), 211–229.

English, K., Jones, L., Pasini-Hill, D., Patrick, D. & Cooley-Towell, S. (2000) *The Value of Polygraph Testing in Sex Offender Management*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

- English, K., Jones, L., Patrick, D. & Pasini-Hill, D. (2003). Sex offender containment laws: Use of postconviction polygraph. *Annals of the New York Academy of Sciences*, 989, 411–427.
- English, K., Pullen, S. & Jones, L. (Eds.). (1996). *Managing Adult Sex Offenders: A Containment Approach*. Lexington, KY: American Probation and Parole Association.
- Freeman, N.J. (2012). The public safety impact of community notification. *Crime and Delinquency*, 58, 539.
- Gannon, T.A., Wood, J.L., Pina, A., Tyler, N., Barnoux, M.F.L. & Vasquez, E.A. (2014). An Evaluation of Mandatory Polygraph Testing for Sexual Offenders in the United Kingdom. *Sexual Abuse: A Journal of Research and Treatment*, 26(2), 178–203.
- Gies, S.V., Gainey, R., Cohen, M.I., Healy, E., Yeide, M., Bekelman, A., Bobnis, A. & Hopps, M. (2012). *Monitoring High Risk Sex Offenders with GPS Technology: An Evaluation of the California Supervision Program*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice. Retrieved from: www.ncjrs.gov/pdffiles1/nij/grants/238481.pdf.
- Grubin, D., Madsen, L., Parsons, S., Sosnowski, D. & Warberg, B. (2004). A prospective study of the impact of polygraphy on high risk behaviors in adult sex offenders. *Sexual Abuse: A Journal in Research and Treatment*, 16(3), 209–222.
- Guerino, P., Harrison, P.M. & Sabol, W.J. (2011). *Prisoners in 2010*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics.
- Harris, A.J. and Lobanov-Rostovsky, C. (2010). Implementing the Adam Walsh Act's sex offender registration and notification provisions: A survey of the states. *Criminal Justice Policy Review*, 21(2), 202–222.
- Harris, A.J., Lobanov-Rostovsky, C. & Levenson, J.S. (2010). Widening the net: The effects of transitioning to the Adam Walsh Act classification system. *Criminal Justice and Behavior*, 37(5), 503–519.
- Harris, A.J., Lobanov-Rostovsky, C. & Levenson, J.S. (2015). Law Enforcement Perspectives on Sex Offender Registration and Notification Preliminary Survey Results. Grant Number 2013-IJ-CX-0028. Retrieved from: <https://www.ncjrs.gov/pdffiles1/nij/grants/249189.pdf>.
- Heil, P., Ahlmeyer, S. & Simons, D. (2003). Crossover sexual offenses. *Sexual Abuse: A Journal in Research and Treatment*, 15(4), 221–236.
- Hindman, J. & Peters, J.M. (2001). Polygraph testing leads to better understanding adult and juvenile sex offenders. *Federal Probation*, 65(3).
- Hoing, M., Bogaerts, S. & Vogelvang, B. (2014). Volunteers in Circles of Support and Accountability Job Demands, Job Resources, and Outcomes. *Sexual Abuse: A Journal of Research and Treatment*. Published online before print October 21, 2015, doi: 10.1177/1079063215612441.
- Holmes, S. (2009). *An Empirical Analysis of Registration and Notification Laws for Juvenile Sex Offenders*. Working Paper Series. Retrieved from: http://papers.ssrn.com/sol3/papers.cfm?abstract_id=1710745.
- Huebner, B.M., Kras, K.R., Rydberg, J., Bynum, T.S., Grommon, E. & Pleggenkuhle, B. (2014). Effect and Implications of Sex Offender Residence Restrictions: Evidence from a Two-State Evaluation. *Criminology & Public Policy*, 13(1), 139–168.

- Hughes, L.A. & Burchfield, K.B. (2008). Sex offender residence restrictions in Chicago: An environmental injustice? *Justice Quarterly*, 25(4), 647–673.
- Hughes, L.A. & Kadleck, C. (2008). Sex offender community notification and community stratification. *Justice Quarterly*, 25(3), 469–495.
- Human Rights Watch. (2007). *No Easy Answers*. New York: Human Rights Watch. Retrieved from: www.hrw.org/en/reports/2007/09/11/no-easy-answers.
- Jackson, R.L., Travia, T. & Schneider, J. (2010). Annual survey of sex offender civil commitment programs. Paper presented at the Sex Offender Civil Commitment Programs Network Annual Meeting, Phoenix, AZ.
- Joint Legislative Audit and Review Committee. (2013). Review of the Civil Commitment of Sexually Violent Predators. Retrieved from: <http://jlarc.virginia.gov/pdfs/reports/Rpt423.pdf>.
- Kokish, R., Levenson, J.S. & Blasingame, G.D. (2005). Post-conviction sex offender polygraph examination: Client perceptions of utility and accuracy. *Sexual Abuse: Journal of Research & Treatment*, 17(2), 211–221.
- Lasher, M. & McGrath, R. J. (2012). The impact of community notification on sex offender reintegration: A quantitative review of the research literature. *International Journal of Offender Therapy and Comparative Criminology*, 56(1), 6–28.
- Letourneau, E.J., Bandyopadhyay, D., Sinha, D. & Armstrong, K.S. (2010). The influence of sex offender registration on juvenile sexual recidivism. *Criminal Justice Policy Review*, 21(4), 435–458.
- Letourneau, E.J., Levenson, J.S., Bandyopadhyay, D., Armstrong, K.S. & Sinha, D. (2010). Effects of South Carolina's sex offender registration and notification policy on deterrence of adult sex crimes. *Criminal Justice and Behavior*, 37(5), 537–552.
- Letourneau, E.J., Levenson, J.S., Bandyopadhyay, D., Sinha, D. & Armstrong, K.S. (2010). Effects of South Carolina's sex offender registration and notification policy on adult recidivism. *Criminal Justice Policy Review*, 21(4), 435–458.
- Levenson, J.S. (2008). Collateral consequences of sex offender residence restrictions. *Criminal Justice Studies*, 21(2), 153–166.
- Levenson, J., Ackerman, A.R., Socia, K.M., & Harris, A.J. (2015). Where for Art Thou? Transient Sex Offender and Residence Restrictions. *Criminal Justice Policy Review*, 26(4), 319–344.
- Levenson, J.S. & Cotter, L.P. (2005a). The impact of Megan's Law on sex offender reintegration. *Journal of Contemporary Criminal Justice*, 21(1), 49–66.
- Levenson, J.S. & Cotter, L.P. (2005b). The impact of sex offender residence restrictions: 1,000 feet from danger or one step from absurd? *International Journal of Offender Therapy and Comparative Criminology*, 49(2), 168–178.
- Levenson, J.S. & D'Amora, D.A. (2007). Social policies designed to prevent sexual violence: The emperor's new clothes? *Criminal Justice Policy Review*, 18(2), 168–199.
- Levenson, J.S., D'Amora, D. & Hern, A. (2007). Megan's Law and its impact on community re-entry for sex offenders. *Behavioral Sciences and the Law*, (25), 587–602.

Levenson, J., Letourneau, E., Armstrong, K. & Zgoba, K. (2009). *Failure to Register: An Empirical Analysis of Sex Offense Recidivism*. Self-published. Retrieved from: www.ccoso.org/library%20articles/FTR%20SC%20short%20report.pdf.

Lieb, R. & Gookin, K. (2005). *Involuntary Commitment of Sexually Violent Predators: Comparing State Laws*. Olympia, WA: Washington State Institute for Public Policy. Retrieved from: www.wsipp.wa.gov/pub.asp?docid=05-03-1101.

Lieb, R. & Nunlist, C. (2008). *Community Notification as Viewed by Washington's Citizens: A 10-Year Follow-Up*. Olympia, WA: Washington State Institute for Public Policy. Retrieved from: www.wsipp.wa.gov/rptfiles/08-03-1101.pdf.

Lowden, K., Hetz, N., Harrison, L., Patrick, D., English, K. & Pasini-Hill, D. (2003). *Evaluation of Colorado's Prison Therapeutic Community for Sex Offenders: A Report of Findings*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Assistance and Denver, CO: Colorado Division of Criminal Justice, Drug Control and System Improvement Program. Retrieved from: <http://dcj.state.co.us/ors/pdf/docs/WebTC.pdf>.

Lussier, P., Gress, C., Deslauriers-Varin, N. & Amirault, J. (2014). Community Risk Management of High-Risk Sex Offenders in Canada: Findings From a Quasi-Experimental Study. *Justice Quarterly*, 31(2), 287–314.

Mandelstam, J. & Mulford, C. (2008). Unintended consequences of sex offender residency laws: Can GIS mapping help? *Corrections Today*, August.

McGrath, R.J., Cumming, G.F., Burchard, B.L., Zeoli, S. & Ellerby, L. (2010). *Current Practices and Emerging Trends in Sexual Abuser Management: The Safer Society 2009 North American Survey*. Brandon, VT: Safer Society Press. Retrieved from: www.safersociety.org/uploads/WP141-Current_Practices_Emerging_Trends.pdf.

McGrath, R.J., Cumming, G.F., Hoke, S.E. & Bonn-Miller, M.O. (2007). Outcomes in a community sex offender treatment program: A comparison between polygraphed and matched non-polygraphed offenders. *Sexual Abuse: A Journal of Research and Treatment*, 19(4), 381–393.

McGrath, R.J., Cumming, G.F. & Holt, J. (2002). Collaboration among sex offender treatment providers and probation and parole officers: The beliefs and behaviors of treatment providers. *Sexual Abuse: A Journal of Research and Treatment*, 14(1), 49–65.

McGrath, R.J., Cumming, G., Livingston, J.A. & Hoke, S.E. (2003). Outcome of a treatment program for adult sex offenders: From prison to community. *Journal of Interpersonal Violence*, 18(1), 3–17.

Meloy, M.L., Miller, S.L. & Curtis, K.M. (2008). Making sense out of nonsense: The deconstruction of state-level sex offender residence restrictions. *American Journal of Criminal Justice*, 33, 209–222.

Milloy, C. (2007). Six-year follow-up of released sex offenders recommended for commitment under Washington's sexually violent predator law, where no petition was filed. Olympia: Washington State Institute for Public Policy, Document No. 03-12-1101. Retrieved from: http://www.defenseforsvp.com/Resources/Age/Milloy_2007_SVP_WSIPP.pdf.

Minnesota Department of Corrections. (2003). *Level Three Sex Offenders Residential Placement Issues*. St. Paul, MN: Minnesota Department of Corrections. Retrieved from: www.leg.state.mn.us/docs/2003/mandated/030175.pdf.

Mustaine, E.E., Tewksbury, R., Connor, D.P. & Payne, B.K. (2015). Criminal Justice Officials' View of Sex Offenders, Sex Offender Registration, Community Notification and Residency Restrictions. *Justice System Journal*, 36(1), 63–85.

National Center for Missing & Exploited Children (2015). *Map of Registered Sex Offenders in the United States*. Retrieved from: www.missingkids.com/en_US/documents/Sex_Offenders_Map.pdf.

National Parole Resource Center (2014). Resource Package for Paroling Authorities on Sex Offenders. Project funded by the Bureau of Justice Assistance, Office of Justice Programs, U.S. Department of Justice. Retrieved from: <http://nationalparoleresourcecenter.org/resource-package-sex-offenders/background.htm>.

National Research Council (2003). *The Polygraph and Lie Detection*. Washington, DC: National Academies Press. Retrieved from: www.nap.edu/openbook.php?isbn=0309084369.

New Jersey State Parole Board (2007). *Report on New Jersey's GPS Monitoring of Sex Offenders*. Retrieved from: www.state.nj.us/parole/docs/reports/gps.pdf.

New York State Office of Mental Health. (2010). 2009 Annual Report on the Implementation of Mental Health Hygiene Law Article 10: Sex Offender Management and Treatment Act of 2007. Retrieved from: https://www.omh.ny.gov/omhweb/statistics/SOMTA_Report.pdf.

Nieto, M. & Jung, D. (2006). *The Impact of Residence Restrictions on Sex Offenders and Correctional Management Practices: A Literature Review*. Sacramento, CA: California Research Bureau.

Nobles, M.R., Levenson, J.S. & Youstin, T.J. (2012). Effectiveness of residence restrictions in preventing sex offense recidivism. *Crime and Delinquency*, 58, 491.

O'Connell, M.A. (1998). Using polygraph testing to assess deviant sexual history of sex offenders. Dissertation Abstracts International Section A: Humanities & Social Science. Volume 58 (8-A), February 1998, 3023.

Office of the New York State Comptroller (2006). *New York State Division of Criminal Justice Services Sex Offender Registry Program*. Albany, NY: Division of State Government Accountability, Office of the State Comptroller. Retrieved from: <http://ccoso.org/library%20articles/NYS%20evaluation.pdf>.

Office of Program Policy Analysis & Governmental Accountability (2005). *Electronic Monitoring Should Be Better Targeted to the Most Dangerous Offenders*. Tallahassee, FL: Office of Program Policy Analysis & Government Accountability. Retrieved from: www.oppaga.state.fl.us/reports/pdf/0519rpt.pdf.

Padgett, K.G., Bales, W.D. & Blomberg, T.G. (2006). Under surveillance: An empirical test of the effectiveness and consequences of electronic monitoring. *Criminology & Public Policy*, 5(1), 61–92.

Page, A.D., Hill, J.S. & Gilbert, G. (2012). False Security: North Carolina Sexual Offenders' Perceptions of Residence Restrictions. *Journal of Forensic Social Work*, 2(2-3), 108–121.

Petersilia, J. & Turner, S. (1993). Intensive probation and parole. In M.H. Tonry (Ed.), *Crime and Justice: A Review of Research* (p. 17). Chicago, IL: University of Chicago Press.

Phillips, D. (1998). *Community Notification as Viewed by Washington's Citizens*. Olympia, WA: Washington State Institute for Public Policy. Retrieved from: www.wsipp.wa.gov/rptfiles/CnSurvey.pdf.

Prescott, J.J. & Rockoff, J.E. (2011). Do sex offender registration and notification laws affect criminal behavior? *Journal of Law and Economics*, 54(1). Retrieved from: http://papers.ssrn.com/sol3/papers.cfm?abstract_id=1100663.

- Sample, L.L., Evans, M.K. & Anderson, A.L. (2011). Sex offender community notification laws: Are their effects symbolic or instrumental in nature? *Criminal Justice Policy Review*, 22(1), 27–49.
- Sandler, J.C., Freeman, N.J. & Socia, K.M. (2008). Does a watched pot boil? A time-series analysis of New York's state sex offender registration and notification laws. *Psychology, Public Policy, and Law*, 14(4), 284–302.
- Schiavone, S.K. & Jeglic, E.L. (2009). Public perception of sex offender social policies and the impact on sex offenders. *International Journal of Offender Therapy and Comparative Criminology*, 53(6), 679–695.
- Schram, D. & Milloy, C.D. (1995). *Community Notification: A Study of Offender Characteristics and Recidivism*. Olympia, WA: Washington State Institute for Public Policy. Retrieved from: www.wsipp.wa.gov/pub.asp?docid=95-10-1101.
- Socia, K. (2012). The efficacy of county-level sex offender residence restrictions in New York. *Crime & Delinquency*, 58, 612.
- Socia, K. (2015). State Residence Restriction and Forcible Rape Rates: A Multistate Quasi-Experimental Analysis of UCR Data. *Sexual Abuse*, 27(2), 205–227.
- Stalans, L.J., Seng, M. & Yarnold, P.R. (2002). *Long-term Impact Evaluation of Specialized Sex Offender Probation Programs in Lake, DuPage and Winnebago Counties*. Chicago, IL: Illinois Criminal Justice Information Authority.
- Tennessee Board of Probation and Parole (2007). *Monitoring Tennessee's Sex Offenders Using Global Positioning Systems: A Project Evaluation*. Nashville, TN: Tennessee Board of Probation and Parole. Retrieved from: <http://state.tn.us/bopp/Press%20Releases/BOPP%20GPS%20Program%20Evaluation,%20April%202007.pdf>.
- Tewksbury, R. (2004). Experiences and attitudes of registered female sex offenders. *Federal Probation*, 68(3), 30–33.
- Tewksbury, R. & Lees, M.B. (2007). Perceptions of punishment: How registered sex offenders view registries. *Crime & Delinquency*, 53(3), 380–407.
- Tewksbury, R. & Zgoba, K. (2010). Perceptions and coping with punishment: How registered sex offenders respond to stress, Internet restrictions and the collateral consequences of registration. *International Journal of Offender Therapy and Comparative Criminology*, 54(4), 537–551.
- Tubman-Carbone, H. (2009). *An Exploratory Study of New Jersey's Sex Offender Polygraph Policy: Report to the New Jersey State Parole Board*. Trenton, NJ: New Jersey State Parole Board. Retrieved from: http://media.nj.com/ledgerupdates_impact/other/11.18.09%20polygraph%20report.pdf.
- Turner, S., Jannetta, J., Hess, J., Myers, R., Shah, R., Werth, R. & Whitby, A. (2007). *Implementation and Early Outcomes For the San Diego High Risk Sex Offender (HRSO) GPS Pilot Program*. Irvine, CA: Center for Evidence-Based Corrections. Retrieved from: http://ucicorrections.seweb.uci.edu/files/2013/06/HRSO_GPS_Pilot_Program.pdf.
- Vandiver, D.M., Dial, K.C. & Worley, R.M. (2008). A qualitative assessment of registered female sex offenders: Judicial processing experiences and perceived effects of a public registry. *Criminal Justice Review*, 33(2), 177–198.
- Vermont State Auditor (2010). *Sex Offender Registry: Reliability Could be Significantly Improved*. Montpelier, VT: Vermont State Auditor. Retrieved from: http://auditor.vermont.gov/sites/auditor/files/Final_SOR_report.pdf.

Veysey, B.M., Zgoba, K. & Dalessandro, M. (2008). A preliminary step towards evaluating the impact of Megan's Law: A trend analysis of sexual offenses in New Jersey from 1985 to 2005. *Justice, Research & Policy, 10*(2), 1–18.

Walker, J.T., Maddan, S., Vasquez, B.E., VanHouten, A.C. & Ervin-McLarty, G. (2006). *The Influence of Sex Offender Registration and Notification Laws in the United States*. Little Rock, AR: Arkansas Crime Information Center. Retrieved from: www.reentry.net/library/attachment.86354.

Washington State Institute for Public Policy (2005). *Sex Offender Sentencing in Washington State: Has Community Notification Reduced Recidivism?* Olympia, WA: Washington State Institute for Public Policy. Retrieved from: www.wsipp.wa.gov/rptfiles/05-12-1202.pdf.

Washington State Institute for Public Policy (2006). *Sex Offender Sentencing in Washington State: Failure to Register as a Sex Offender—Revised*. Olympia, WA: Washington State Institute for Public Policy. Retrieved from: www.wsipp.wa.gov/rptfiles/06-01-1203A.pdf.

Wilson, R.J., Cortoni, F. & McWhinnie, A. (2009). Circles of Support & Accountability: A Canadian national replication of outcome findings. *Sexual Abuse: A Journal of Research and Treatment, 21*, 412–430.

Wilson, R.J., Looman, J., Abracen, J. & Pake, D.R. (2013). Comparing sexual offenders at the Regional Treatment Centre and the Florida Civil Commitment Center. *International Journal of Offender Therapy and Comparative Criminology, 57*(3), 377–395.

Wilson, R.J., Picheca, J.E. & Prinzo, M. (2005). *Circles of Support & Accountability: An Evaluation of the Pilot Project in South-Central Ontario*. Ottawa, ON: Correctional Service Canada. Retrieved from: www.csc-scc.gc.ca/research/r168-eng.shtml.

Zandbergen, P.A., Levenson, J.S. & Hart, T. (2010). Residential proximity to schools and daycares: An empirical analysis of sex offense recidivism. *Criminal Justice and Behavior, 37*(5), 482–502.

Zevitz, R.G. (2006). Sex offender community notification: Its role in recidivism and offender reintegration. *Criminal Justice Studies, 19*(2).

Zevitz, R.G. & Farkas, M.A. (2000a). *Sex Offender Community Notification: Assessing the Impact in Wisconsin*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

Zevitz, R.G. & Farkas, M.A. (2000b). The impact of sex-offender community notification on probation/parole in Wisconsin. *International Journal of Offender Therapy and Comparative Criminology, 44*(1), 8–21.

Zgoba, K. & Bachar, K. (2009). *Sex Offender Registration and Notification: Limited Effects in New Jersey*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice. Retrieved from: www.ncjrs.gov/pdffiles1/nij/225402.pdf.

Zgoba, K.M. & Levenson, J. (2012). Failure to register as a predictor of sex offense recidivism: The big bad wolf or a red herring? *Sexual Abuse: A Journal of Research and Treatment, 24*(4), 328–349.

Zgoba, K., Witt, P., Dalessandro, M. & Veysey, B. (2008). *Megan's Law: Assessing the Practical and Monetary Efficacy*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice. Retrieved from: www.ncjrs.gov/pdffiles1/nij/grants/225370.pdf.

SECTION 2: JUVENILES



Chapter 1: Unique Considerations Regarding Juveniles Who Commit Sexual Offenses

by Roger Przybylski and Christopher Lobanov-Rostovsky

FINDINGS

- ◆ Based on the scientific evidence, it is clear that juveniles and adults differ in their cognitive capabilities, capacity for self-management and regulation, susceptibility to social and peer pressure and in other areas related to judgment, criminal intent and the capacity to regulate behavior.
- ◆ Risky behavior is more prevalent during adolescence than it is during either preadolescence or adulthood.
- ◆ The ability to plan ahead, be aware of time and anticipate future consequences significantly increases with age.

Introduction

While most perpetrators of sex crimes are adults, a significant number of sex crimes are committed by offenders who are younger than age 18. Estimates of the prevalence of juvenile sexual offending vary depending on the data source and method of measurement. Finkelhor, Ormrod and Chaffin (2009), for example, estimated that juveniles account for about one out of every four (25.8 percent) sexual offenders known to law enforcement and more than one out of every three (35.6 percent) sexual offenders who victimize a minor and are known to law enforcement. Statistics from the Federal Bureau of Investigation's Uniform Crime Reporting program indicate that about 15 percent of the nation's 21,407 rape arrestees in 2009 were younger than age 18 (FBI, 2009). Victim reports, however, suggest that juvenile perpetrators may be responsible for as many as four out of every 10 sexual assaults (Swenson & Letourneau, 2011).

Although laws and policies designed for adult sexual offenders are increasingly being applied to juveniles who sexually offend, juvenile offenders have historically been viewed as a distinct population from adult offenders. The juvenile justice system has been largely independent from the adult criminal justice system since the first juvenile court in the United States was created in 1899, and the procedures and methods used with juvenile offenders tend to emphasize accountability and rehabilitation rather than retribution and punishment (Przybylski, 2008; Illinois Criminal Justice Information Authority, 1997).

Juvenile justice systems throughout the United States were established under and have largely been guided by the doctrine of *parens patrie*. This means that the state acts as the guardian or responsible authority for a minor to protect the youth from harmful conduct or environments (Przybylski, 2008; Illinois Criminal Justice Information Authority, 1997). This approach is based on a formal recognition that juveniles are developmentally different from adults and are impressionable enough to be diverted from persistent criminal behavior. Hence, the procedures of the juvenile court are intentionally nonadversarial and the terminology used with juvenile offenders is intentionally noncriminal (Illinois Criminal Justice Information Authority, 1989). The juvenile court's philosophy and goals are to hold youthful offenders accountable for their behavior while ensuring that they receive necessary guidance and appropriate therapeutic services. Although many

states have enacted laws in recent years that encourage greater accountability and punishment for juvenile offenders, most juvenile courts and other segments of the juvenile justice system continue to view treatment and guidance for young offenders as central to their mission. (See Chapter 5: “The Effectiveness of Treatment for Juveniles Who Sexually Offend,” in the Juvenile section.)

While juvenile offenders have long been viewed as fundamentally different from adult offenders, **the developmental differences between juveniles and adults that have been identified through recent advances in neuroscience and developmental criminology are extensive and profound.** Based on the scientific evidence, it is clear that juveniles and adults differ in their cognitive capabilities, capacity for self-management and regulation, susceptibility to social and peer pressure and other factors related to judgment, criminal intent and the capacity to regulate behavior (Tolan, Walker & Reppucci, 2012). Juveniles also differ from adults in their propensity to engage in persistent criminal behavior, in that they are less likely to continue to engage in such behavior (Tolan, Walker & Reppucci, 2012).

While improvements in cognitive functioning and reasoning undoubtedly occur during late childhood and adolescence, “mature judgment is the product not only of cognitive capacity ... but also of emotional capabilities” (Tolan, Walker & Reppucci, 2012, p. 126). Brain research demonstrates that psychosocial development occurs much more slowly than cognitive development and that juveniles thus have less capacity than adults to manage emotions and control behavior, despite their growing ability to process information (Scott & Steinberg, 2008; Tolan, Walker & Reppucci, 2012).

Research also demonstrates that “adolescence is a time of heightened risk-taking and recklessness” and that puberty is associated with both higher levels of sensation-seeking behavior and heightened intensity of feeling in risk-taking situations (Steinberg et al., 2008, p. 1776). Steinberg and colleagues (2008), for example, found that risky behavior is more prevalent during adolescence than it is during either preadolescence or adulthood. Similarly, in a study employing random assignment procedures, Gardner and Steinberg (2005, pp. 625 and 634) found that “adolescents are more inclined toward risky behavior and risky decision making than are adults” and that “the presence of peers makes adolescents and youth, but not adults, more likely to take risks and more likely to make risky decisions.” Again, these findings regarding adolescent behavior are not surprising, as neurobiological research demonstrates that dopamine — a neurotransmitter that plays a key role in the reward circuitry of the brain — is at its highest levels during early adolescence and that higher levels of dopamine are associated with increased reward-seeking behavior (Steinberg, 2012; Steinberg et al., 2008). As Steinberg and colleagues (2008) have stated:

Heightened vulnerability to risk-taking in middle adolescence may be due to the combination of relatively higher inclinations to seek excitement and relatively immature capacities for self-control that are typical of this period of development ... adolescent risk taking is hypothesized to be stimulated by a rapid and dramatic increase in dopaminergic activity within the socio-emotional system around the time of puberty, which is presumed to lead to increases in reward seeking.... The temporal gap between the arousal of the socio-emotional system, which is an early adolescent development, and the full maturation of the cognitive control system, which occurs later, creates a period of heightened vulnerability to risk taking during middle adolescence.

Juveniles also have less capacity than adults to consider the future consequences of their actions, as recent brain research demonstrates that regions of the brain associated with foresight and planning continue to develop well beyond adolescence (Casey et al., 2005; Steinberg et al., 2009). Steinberg and colleagues (2009) examined age differences in future orientation in a large sample of individuals ($N = 935$) ages 10 to 30 and found that planning ahead, time perspective, and anticipation of future consequences all significantly increased with age. Steinberg and his colleagues found not only that adolescents tended to emphasize short-term consequences when making decisions, but also that **decreases** in planning took place between ages 10 to 15. Similarly, in a study examining the ability to recognize long-term consequences of actions in a legal

context, Grisso and colleagues (2003) found that younger adolescents were significantly less likely than older adolescents to recognize the consequences of their decisions. Overall, these findings are consistent with those produced in other studies and they can be explained by the evidence on brain development derived from neuroscience (see, e.g., Casey, Jones & Hare, 2008; Cauffman & Steinberg, 2000; and Nurmi, 1991) as the “weaker orientation to the future” and “lesser sensitivity to the longer term consequences” of actions found among adolescents that appear to be primarily “related to arousal of the socio-emotional network” of the brain (Steinberg et al., 2009, p. 40).

Taken together, research findings from neuroscience and developmental criminology increasingly support the notion long held in the juvenile justice system that juveniles are fundamentally different from adults. **The scientific evidence clearly indicates that there are significant differences between adults and juveniles in their capacity to plan ahead, regulate emotions, control behavior, and weigh the costs and benefits of decisions** (Scott & Steinberg, 2008; Tolan, Walker & Reppucci, 2012). Moreover, these cognitive and behavioral differences can be explained and understood in the context of the brain’s physiology and neurofunctioning.

The evidence regarding adolescent development from neuroscience and developmental criminology has important implications for policy and practice aimed at juvenile offenders of all types, including those who commit sexual offenses. As Tolan and his colleagues (2012, p. 129) have aptly stated: “In sum, research on the neurophysiology of the brain and the neurofunctional developmental changes in the brain suggest a qualitatively different basis for much of the behavior that falls under sexual offense if the behavior is that of an adolescent rather than an adult.”

Unfortunately, many of the intervention and management strategies for juveniles who commit sexual offenses that have emerged in recent years have not been based on a formal recognition that juveniles are developmentally different from adults. Prior to the 1980s, juvenile sexual offending in the United States tended to be minimized and dealt with outside of the justice system. Following a series of retrospective studies conducted in the 1980s, in which many adult sexual offenders reported engaging in sexual offending behaviors as juveniles, many policymakers and practitioners began to view juveniles who commit sexual offenses as future adult sexual offenders. As a result, a greater focus was placed on detecting and responding to sexual offenses committed by juveniles, and treatment and intervention strategies using targets and approaches previously reserved exclusively for adult sexual offenders began to proliferate (Lobanov-Rostovsky, 2010).

By the early 2000s, many treatment and supervision strategies for juveniles who commit sexual offenses began to account for the developmental differences between juveniles and adults and to move away from adult-oriented models. However, many new legislative and policy initiatives that equated juveniles with adult sex offenders also began to emerge, culminating in the passage of the Adam Walsh Child Protection and Safety Act of 2006 (Lobanov-Rostovsky, 2010). The use of sex offender management strategies such as civil commitment, residence restrictions, registration and notification became more common in jurisdictions across the country, and they tended to be applied to juveniles much as they were to adults. (See Chapter 8: “Sex Offender Management Strategies,” in the Adult section and Chapter 6: “Registration and Notification of Juveniles Who Commit Sexual Offenses,” in the Juvenile section for more information about these strategies.)

Of course, the Adam Walsh Act included the Sex Offender Registration and Notification Act (SORNA), which for the first time required states to register juveniles who commit sexual offenses.¹ Jurisdictions failing to comply with SORNA requirements risked losing 10 percent of the Edward Byrne Memorial Justice Assistance Grant federal funds available to them pursuant to the Omnibus Crime Control and Safe Streets Act of 1968.

Despite the concerns raised by some stakeholders — about statutes or policies that treat juveniles in a manner similar to adults — many policymakers, legislators and members of the public continue to equate the characteristics and risks of juveniles who commit sexual offenses with those of adult sexual offenders (for a more thorough review of this topic, see Lobanov-Rostovsky, 2010).

Organization of Section 2: Juveniles Who Commit Sexual Offenses

Given the fundamental differences that have been observed between juveniles who commit sexual offenses and adult sexual offenders, it is critically important to distinguish between these two populations when describing their characteristics or discussing research on issues such as etiology, risk or intervention effectiveness. Hence, Section 2 of this report focuses specifically on research pertaining to juveniles who sexually offend. It examines what is scientifically known in the following topic areas:

- Etiology and typologies
- Assessment of risk for sexual reoffense
- Treatment effectiveness
- Registration and notification
- Recidivism

Issues To Consider

In each topic area, research focused specifically on juveniles who sexually offend is reviewed and key, up-to-date findings that policymakers and practitioners can use to better understand and manage juveniles who commit sexual offenses are presented. Research concerning adults who sexually offend is addressed in Section 1 of this report.

When reading the chapters that follow, it is important to keep certain ideas in mind. First, relatively few studies in any of the topic areas addressed in this review cover female juveniles who commit sexual offenses or preadolescent children who engage in sexually abusive or sexually troubled behavior. Hence, the findings presented in this review are most directly relevant to male adolescents who commit sexual offenses. While there is evidence suggesting that important differences exist between males and females who sexually offend, as well as between adolescents who sexually offend and preadolescents with sexual behavior problems, the extant literature is not sufficient in either its scope or level of detail to allow substantive findings to be presented about preadolescent or female juvenile populations. Again, relatively few studies have focused on either population, and research dealing with juveniles who sexually offend has not consistently or sufficiently described the age or gender characteristics of study participants. As a result, adolescent/child or male/female breakdowns simply cannot be presented for many of the studies discussed in this section.

Second, the empirical evidence clearly demonstrates that juveniles are fundamentally different from adults in their cognitive capabilities and capacity to regulate emotions, control behavior and weigh the long-term consequences of actions. The evidence suggests that juveniles differ from adults in their propensity to engage in persistent criminal behavior; simply put, sexual offending prior to age 18 is not necessarily indicative of an ongoing and future risk for sexual offending. Research also has demonstrated that labeling — legal or otherwise — can have unintended harmful consequences, particularly for youth. Therefore, this population is referred to as “juveniles who commit sexual offenses,” rather than juvenile sex offenders, in each chapter, and only juvenile-specific research should be considered as relevant for this population.

Note

1. SORNA applies to youth aged 14 and older who are adjudicated delinquent for an offense equivalent to aggravated sexual abuse. These youth are subject to Tier III classification under SORNA, which requires lifetime registration and quarterly verification with law enforcement; however, they are eligible for removal after 25 years with a “clean record.” Furthermore, youth included under SORNA may be excluded from public sex offender website posting, per each jurisdiction’s discretion.

References

- Casey, B.J., Jones, R.M., & Hare, T.A. (2008). The adolescent brain. *Annals of the New York Academy of Sciences*, 1124, 111–126.
- Casey, B.J., Tottenham, N., Liston, C., & Durston, S. (2005). Imaging the developing brain: What have we learned about cognitive development? *Trends in Cognitive Science*, 9, 104–110.
- Cauffman, E., & Steinberg, L. (2000). (Im)maturity of judgment in adolescence: Why adolescents may be less culpable than adults. *Behavioral Sciences and the Law*, 18, 741–760.
- Federal Bureau of Investigation (FBI). (2009). *Crime in the United States, 2009*. Washington, DC: U.S. Department of Justice, Federal Bureau of Investigation, Criminal Justice Information Services Division. Retrieved from: www2.fbi.gov/ucr/cius2009/arrests/index.html.
- Finkelhor, D., Ormrod, R., & Chaffin, M. (2009). *Juveniles Who Commit Sex Offenses Against Minors*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.
- Gardner, M., & Steinberg, L. (2005). Peer influence on risk taking, risk preference, and risky decision making in adolescence and adulthood: An experimental study. *Developmental Psychology*, 41(4), 625–635.
- Grisso, T., Steinberg, L., Woolard, J., Cauffman, E., Scott, E., Graham, S., Lexcen, F., Reppucci, N.D., & Schwartz, R. (2003). Juveniles’ competence to stand trial: A comparison of adolescents’ and adults’ capacities as trial defendants. *Law and Human Behavior*, 27(4), 333–363.
- Illinois Criminal Justice Information Authority. (1989). *Trends and Issues 89: Criminal and Juvenile Justice in Illinois*. Chicago, IL: Illinois Criminal Justice Information Authority.
- Illinois Criminal Justice Information Authority. (1997). *Trends and Issues 1997*. Chicago, IL: Illinois Criminal Justice Information Authority.
- Lobanov-Rostovsky, C. (2010). Juvenile justice, legislative, and policy responses to juvenile sexual offenses. In G. Ryan, T. Leversee, and S. Lane (Eds.), *Juvenile Sexual Offending: Causes, Consequences, and Correction*, 3d ed. (pp. 183–197). Hoboken, NJ: John Wiley & Sons, Inc.
- Nurmi, J. (1991). How do adolescents see their future? A review of the development of future orientation and planning. *Developmental Review*, 11, 1–59.

Przybylski, R. (2008). *What Works: Effective Recidivism Reduction and Risk Focused Prevention Programs: A Compendium of Evidence-Based Options for Preventing New and Persistent Criminal Behavior*. Denver, CO: Colorado Department of Public Safety, Division of Criminal Justice.

Scott, E., & Steinberg, L. (2008). *Rethinking Juvenile Justice*. Cambridge, MA: Harvard University Press.

Steinberg, L. (2008). A social neuroscience perspective on adolescent risk taking. *Developmental Review, 28*, 78–106.

Steinberg, L. (2012). Should the science of adolescent brain development inform public policy? *Issues in Science and Technology, Spring*. Retrieved from: www.issues.org/28.3/steinberg.html.

Steinberg, L., Albert, D., Cauffman, E., Banich, M., Graham, S., & Woolard, J. (2008). Age differences in sensation seeking and impulsivity as indexed by behavior and self-report: Evidence for a dual systems model. *Developmental Psychology, 44*(6), 1764–1778.

Steinberg, L., O'Brien, L., Cauffman, E., Graham, S., Woolard, J., & Banich, M. (2009). Age differences in future orientation and delay discounting. *Child Development, 80*(1), 28–44.

Swenson, C.C., & Letourneau, E.J. (2011). Multisystemic therapy with juvenile sexual offenders. In B.K. Schwartz (Ed.), *Handbook of Sex Offender Treatment* (pp. 57-1–57-32). Kingston, NJ: Civic Research Institute.

Tolan, P.H., Walker, T., & Reppucci, N.D. (2012). Applying developmental criminology to law: Reconsidering juvenile sex offenses. *Justice Research and Policy, 14*(1), 117–146.

Chapter 2: Etiology and Typologies of Juveniles Who Have Committed Sexual Offenses

by Tom Laversee

FINDINGS

◆ Etiology

- Sexual victimization plays a disproportionate role in the development of sexually abusive behavior in adolescents; however sexual abuse should not be examined in isolation as it co-varies with other developmental risk factors.
- Social learning is a powerful developmental influence and explanation for juvenile sexual offending.
- Adolescents who commit sexual offenses have much less extensive criminal histories, fewer antisocial peers and fewer substance abuse problems compared with nonsexual offenders.

◆ Typology

- There is increasing research support for both victim-age based and sex-only vs. sex-plus theories for differentiating subtypes of juveniles who have committed sexual offenses.
- There is increasing research support that there are unique risks and needs associated with the different subtypes of juveniles who have committed sexual offenses.
- Individualized treatment is needed, rather than a “one size fits all” approach.

Introduction

This chapter addresses two topics: the etiology of sexual offending by juveniles and typologies for juveniles who have committed sexual offenses. The etiological research reviewed in this chapter addresses the causes or origins of juvenile sexual offending and the pathways related to the development, onset and maintenance of sexually abusive behavior in this population. Knowledge about the etiology of sexual offending is important because it provides both conceptual frameworks and specific guidance that can be used to develop more effective prevention efforts across a broad continuum, from primary to tertiary.¹

The typological research reviewed in this chapter addresses classification schemes based on types or categories of offenders or victims and offense characteristics. Empirically based typologies provide important information for clinical intervention by identifying key constructs for assessment, possible etiological factors specific to each subtype or typology of juveniles and unique risks and needs for each subtype that should be targeted in treatment (Faniiff & Kolko, 2012). (For more information on assessment, see Chapter 4: “Assessment of Risk for Sexual Reoffense in Juveniles Who Commit Sexual Offenses,” in the Juvenile section.) Aebi and colleagues (2012, p. 268) add that a validated typology “shows a specific profile of an offender, victim and offense characteristics that reflect [sic] underlying psychological processes” of the youth that are relevant to etiology, maintenance, treatment and recidivism. (For more information on the “Effectiveness of Treatment for Juveniles

Who Sexually Offend,” see Chapter 5, and for more information on “Recidivism of Juveniles Who Commit Sexual Offenses,” see Chapter 3, both in the Juvenile section.) The information gained from typology research provides the foundation for designing and implementing more effective and efficient treatment programming and supervision protocols that reflect individualized risks and needs.

Summary of Research Findings

Etiology

The research on etiological factors for sexual offending includes studies that focus on single factors and those that focus on multiple factors. There appears to be a consensus in the field that etiological factors typically both co-vary and interact with each other in the development and onset of sexual offending and nonsexual delinquency.

Etiological factors typically both co-vary and interact with each other in the development and onset of sexual offending and nonsexual delinquency.

Sexual Victimization

Veniziano, Veniziano and LeGrand (2000) gathered information from a sample of 68 juveniles who had committed sexual offenses and were court ordered to a residential treatment facility. All of the juveniles had experienced sexual victimization. Information was gathered about their prior sexual victimization, and the characteristics and behaviors of their perpetrators. These data were compared to the adolescent offenders’ behaviors in the sample and the characteristics of their victims. **The results of the study supported the hypothesis that the juveniles who had been sexually victimized were more likely to select sexual behaviors that reflected their own sexual victimization in regard to age and gender of the victim and the types of sexual behaviors perpetrated against the victims.** However, the relationship between prior victimization and subsequent offending was not as strong with respect to whether victims were inside or outside the family. The researchers concluded that findings from the study offered support for the notion that the sexual offending of some adolescents represents a re-enactment of their own sexual victimization, or a reactive conditioned and/or learned behavior pattern.

Grabell and Knight (2009) studied 193 juveniles who had committed sexual offenses, sampled from different inpatient treatment facilities. The study sought to examine child sexual abuse patterns and sensitive periods in the lives of juveniles who had committed sexual offenses. The results suggest a relationship between childhood sexual abuse and sexual fantasy in sexually abusive adolescents that is moderated by the age at which the abuse occurred. More specifically, it was found that ages 3 to 7 may be a sensitive period when sexual abuse can do the most damage and place a youth at higher risk for engaging in sexually abusive behavior later in life. The researchers compared their findings related to discrete periods of sexual abuse with those from an earlier study conducted by Burton, Miller and Shill (2002), and concluded that continuous sexual abuse was more likely related to severe perpetration than were discrete periods. Grabell and Knight concluded that both age and the length of the sexual abuse contribute to attitudes and behaviors in juveniles who commit sexual offenses.

Berman and Knight (2015) assessed a sample of 178 juveniles who committed sexual offenses from an inpatient treatment center. Two-thirds of the participants reported having experienced sexual abuse as a child. The study explored the nature of the relationship between the perpetrator and the victim as it relates to the factors important to subsequent sexual offending. The study examined multiple levels of interpersonal closeness (stranger, relative and cohabitant) between the perpetrators of the sexual abuse and their victims. The results presented were for a three-month minimum of cohabitation. Berman and Knight (2015) found that being sexually abused by a cohabitant perpetrator was the best predictor of subsequent sexualization (sexual preoccupation, sexual compulsivity and hypersexuality), callousness/manipulativeness and higher impulsivity or disinhibition. Child sexual abuse occurring in the context of an attachment relationship was discussed as it relates to a model for future relationships that encourage social learning of sexually abusive behavior. The results of the study supported the author's hypothesis that, "in studying the outcomes of sexual abuse, it is essential to differentiate levels of relatedness between victim and perpetrator" (p. 601).

Relationship Between Sexual Victimization and Personality Variables

Hunter and Figueredo (2000) focused on delineating the relationship between sexual victimization and personality variables in predicting patterns of sexual offending against children. Data were collected on 235 adolescents, representing subsamples of sexually victimized and nonvictimized, perpetrating and nonperpetrating, and emotionally maladjusted and nonmaladjusted youth. **A younger age at time of sexual victimization, a greater number of incidents, a longer period of waiting to report the abuse and a lower level of perceived family support after revelation of the abuse were found to be predictive of subsequent sexual perpetration.** See "Typologies" in this chapter.

Burton (2008) conducted an exploratory study of the contribution of personality traits and childhood sexual victimization to the development of sexually abusive behavior, thereby testing a social learning/victim-to-victimizer hypothesis for the development of sexually abusive behavior. The study compared 74 incarcerated sexual abusers and 53 nonsexual abusers. Similar to the findings of many previous studies, Burton found that adolescent sexual abusers tend to have higher rates of sexual victimization than nonsexually abusive youth. In addition, sexually abusive youth who had been sexually victimized themselves were likely to repeat what was done to them in regard to the relationship with and gender of their victim(s), modus operandi and sexual behaviors. These results suggest that sexually abusive youth may have learned to be sexually abusive from their own sexual perpetrator(s). The personality traits that contributed significantly to the social learning model were "submissive" and "forceful." Burton suggested that those who scored higher on the submissive trait may believe that close relationships with others are required to feel comfortable and socially confident, and that those who scored higher on the forceful personality trait may derive pleasure from inflicting pain on their victims and may attain this pleasure via forceful acts.

Multiple Types of Child Maltreatment

Awad and Saunders (1991) compared 49 male adolescents who sexually offended against females their age or older to 45 adolescents who engaged in sexually abusive behavior toward younger children. **The results showed that the majority of the adolescents who sexually offended against females their age or older came from a disturbed family background.** The sexual victimization rate for the adolescents who sexually offended against children was much higher. The researchers concluded that, for some of these adolescents, sexual aggression was a learned behavior, modeled after what they observed at home. See "Typologies" in this chapter.

Kobayashi and colleagues (1995) tested a theoretical model of the etiology of deviant sexual aggression by adolescents that included several family factors: perceived parental deviance, child physical and sexual abuse history, and a child's bonding to parents. Study subjects consisted of 117 juvenile males who committed sexual

offenses and who had been referred to a treatment clinic. Results indicated that paternal physical abuse and sexual abuse by males increased sexual aggression among adolescents and that mother-child bonding had the opposite effect. The results can be explained from a social learning and a parent-child attachment or social control perspective. In addition, the researchers suggested an alternative perspective from evolutionary psychology to explain the findings. Kobayashi and colleagues noted that the behavior developed by juveniles who sexually offend may be the result of social modeling and highlighted the ethological literature related to sexual imprinting in animals to support this perspective.

Cavanaugh, Pimental and Prentky (2008) studied a sample of 667 boys and 155 girls involved with social services, the vast majority of whom had engaged in hands-on sexualized behaviors. Almost all of the youth came from “highly dysfunctional” families and had experienced a high degree of physical, psychological and sexual abuse as well as neglect. The researchers found that 66.7 percent of the study subjects had attention-deficit/hyperactivity disorder (ADHD), 55.6 percent had posttraumatic stress disorder (PTSD) and 49.9 percent had a mood disorder. Approximately one-quarter used drugs and about one-fifth consumed alcohol. These findings highlight the importance of assessing and treating co-occurring issues, which can often be influential in sexual offending behaviors.

Seto and Lalumiere (2010) tested special and general explanations of male adolescent sexual offending by conducting a meta-analysis of 59 independent studies comparing male adolescents who committed sexual offenses with male adolescents who committed nonsexual offenses ($n = 13,393$) on theoretically derived variables reflecting general delinquency risk factors (antisocial tendencies), childhood abuse, exposure to violence, family problems, interpersonal problems, sexuality, psychopathology and cognitive abilities. **The results did not support the notion that adolescent sexual offending can be explained as a simple manifestation of general antisocial tendencies.** Adolescents who committed sexual offenses had much less extensive criminal histories, fewer antisocial peers and fewer substance abuse problems compared with nonsexual offenders. Special explanations for adolescent sexual offending suggested a role for sexual abuse history, exposure to sexual violence, other abuse or neglect, social isolation, early exposure to sex or pornography, atypical sexual interests, anxiety and low self-esteem. Explanations focusing on attitudes and beliefs about women or sexual offending, family communication problems or poor parent-child attachment, exposure to nonsexual violence, social incompetence, conventional sexual experience and low intelligence were not supported. Ranked by effect size, the largest group difference was obtained for atypical sexual interests, followed by sexual abuse history for adolescents who had committed sexual offenses and, in turn, criminal history, antisocial associations and substance abuse for nonsexual offenders.

Leibowitz, Burton and Howard (2012) collected data from 478 youth, comparing sexually victimized and nonsexually victimized adolescent sexual abusers with a group of nonsexually victimized delinquent youth. The researchers found that the sexually victimized sexual abusers had the highest mean scores on trauma and personality measures, followed by nonsexually victimized sexual offenders and general delinquent youth. The sexually victimized sexual abusers reported experiencing significantly greater levels of all five types of abuse (emotional abuse, emotional neglect, physical abuse, physical neglect and sexual victimization) than the other two groups. General delinquent youth had fewer behavioral and developmental problems than victimized and nonvictimized juveniles who commit sexual offenses. This difference between general delinquency youth and juveniles who commit sexual offenses has not been found in other studies (as summarized by Seto and Lalumière’s 2010 meta-analysis).

Wanklyn et al. (2012) focused exclusively on childhood risk factors in comparing three groups of juvenile offenders on risk factors, including individual, family, peer and school domains:

- Violent nonsex offenders (VNSO): these offenders committed murder, assault, robbery and weapons offenses ($n = 172$)

- Pure sex offenders (PSO): these offenders committed violent sex offenses ($n = 28$)
- Versatile violent sex offenders (VVSO): these offenders committed violent sex and nonsex offenses ($n = 24$).

Findings from the study provide support for both the specialist and generalist models of sexual offending. Both subtypes of sex offending youth (VVSO and PSO) exhibited higher odds of sexually precocious behaviors. Extrafamilial sexual abuse and intrafamilial child maltreatment were found in higher frequency among the juvenile sexual offending groups. A number of findings suggested that VVSOs may encompass a more severe and high-risk subset of the juvenile sexual offending population. The percentage of VVSO youth engaging in antisocial behaviors was nearly double that of the other subgroups. VVSOs also had greater odds of growing up with criminal family members and experienced a higher incidence of a variety of childhood risk factors. This study provided a more robust understanding of different predictors of subgroups of violent juvenile offending, as well as the different developmental pathways experienced by violent sex and nonsex offenders. In discussing future research needs, Wanklyn et al. suggested that, "Further research should explore possible causal mechanisms that link distal risk factors to offending outcomes through more proximal mediating risk variables, such as substance use and coping styles ... Understanding the unique childhood risk factors for each subgroup may assist in the early identification of high-risk children and inform the development of prevention strategies tailored to each group's specific risk factors" (p. 2140-2141).

Marini et al. (2014) studied the relationships among childhood victimization, substance use prior to the commission of a sexual offense and force used during a sexual offense in a sample of 406 residentially based, male juveniles who committed a sexual offense. Childhood victimization included sexual victimization, physical and emotional abuse, neglect and emotional neglect, as well as cumulative exposure to childhood victimization. Substance use was assessed in order to investigate the potential mechanism of disinhibition as it relates to the relationship between substance use and use of force. The authors found that substance use prior to committing a sexual offense partially accounted for the effects of multiple types of cumulative childhood victimization experiences on the force used during a sexual offense: Youth who used drugs or alcohol prior to a sexual offense used more force than those who did not. Contrary to expectations, the authors did not find that the relationship among victimization, substance use and severity of sexual offending was strongest for juveniles who committed sexual offenses and had experienced sexual abuse themselves. Proposed clinical implications included treating alcohol use as part of specialized treatment, as well as addressing the sequelae of complex trauma utilizing evidence-based interventions such as trauma-focused cognitive-behavioral therapy.

Felizzi (2015) studied 502 male adjudicated juvenile sexual and nonsexual offenders in a large Midwest state, exploring the effects of parent or caregiver instability and disrupted parental attachment on juvenile sex offending. Felizzi found that the sexually offending juveniles experienced significantly greater parent or caregiver instability, as characterized by "lots of moves or homelessness, followed by sexual abuse in the home; children placed out of the home; neglect by caregivers; observing hitting, punching or slapping; and physical abuse" (p. 650). The nonsignificant finding related to parental attachment appeared to contradict the findings of some previous research. The results of the Felizzi study support social learning as a powerful influence for the developing child and as an important explanation for juvenile sexual offending. Other factors that should be considered include television, access to internet pornography, drug and alcohol use and peer influences.

Relationship Between Multiple Types of Child Maltreatment and Personality Variables

Johnson and Knight (2000) studied 122 juveniles who committed sexual offenses and were in inpatient treatment centers. The researchers explored developmental pathways possibly conducive to adolescent sexually abusive behavior, measuring the extent to which the sample experienced childhood trauma, engaged in adolescent delinquency and exhibited particular personality dispositions and cognitive biases. The results suggest that sexual compulsivity and hypermasculinity, through misogynistic fantasy behavior, significantly

discriminate verbally and physically coercive juveniles who commit sexual offenses from those who do not report using force in their offenses. Sexual victimization directly and indirectly (via sexual compulsivity) affected sexual coercion. **The study's results also suggest that alcohol abuse may play a more salient role in the expression of juvenile sexual coercion than previously hypothesized.** Physical abuse had an indirect effect on sexual coercion and was found to be predictive of delinquent behaviors such as peer aggression and adolescent alcohol abuse.

Knight and Sims-Knight (2004) studied 218 juveniles who were adjudicated for sexual offenses and resided in inpatient specialized treatment facilities. As part of the study, the researchers presented a three-path model intended to serve as a framework for understanding sexually abusive behavior toward women. Knight and Sims-Knight emphasized that an alternative model should be developed for sexually abusive behavior toward children. The three latent traits that identified the paths are sexual drive/preoccupation, antisocial behavior/impulsivity and callous/unemotional trait. The paths predicted sexual coercion against women among juveniles who have committed sexual offenses. The researchers found that early traumatic physical and sexual abuse play an important etiological role, increasing the likelihood of sexually abusive behavior either directly by themselves or indirectly through the three intervening paths. The authors assert that these traits play a critical role across the life span, are critical in assessing risk of recidivism and should be targets of treatment. See "Typologies" in this chapter.

In contrast to the above study that presented a model for sexually abusive behavior toward women, Daversa and Knight (2007) focused on an etiological model for sexual offending behavior toward younger victims. Data were gathered on 329 juveniles from inpatient treatment facilities in four states, all of whom had committed a sexual offense. The results provided evidence that various developmental and early childhood maltreatment experiences and specific, mediating personality traits contribute significantly to predicting adolescent sexual offending against younger victims. Four significant paths emerged in the model (Daversa & Knight, 2007):

1. From emotional and physical abuse, through psychopathy and sexual fantasy, to child fantasy and child victimization
2. From emotional and physical abuse; through sexual inadequacy, sexual fantasy and child fantasy; to child victimization
3. From emotional and physical abuse, through sexual inadequacy, to child fantasy and child victimization
4. From sexual abuse directly to child victimization

The direct path from a history of sexual abuse to the sexual victimization of children is consistent with the finding that a disproportionate number of sexually abusive adolescents also report being victimized sexually. The researchers suggest that a subset of these sexually victimized offenders may select victim(s) specific to a particular age group that is consistent with the age at which they were victimized, indirectly supporting the victim-to-victimizer theory of adolescent sexual offending. The authors assert that this study provides data for the preliminary design of a dimensional model of adolescent sexual abusive behavior against younger children. See "Typologies" in this chapter.

Zakireh, Ronis and Knight (2008) examined the individual beliefs and attitudes, and victimization histories, of 100 male youth aged 13–19. The youth were divided equally into four demographically similar groups: 1) sexual offenders in residential placement, 2) sexual offenders in outpatient treatment, 3) nonsexual offenders in residential placement and 4) nonsexual offenders in outpatient treatment. The sexually offending youth included those who had exclusively offended against peer age and adult victims, those who had exclusively offended against children younger than age 12 and those who offended against mixed-age victims. The

authors found that three categories of risk factors — greater hypersexuality or sexual deviance, more violent behavior or fantasies and an increased history of victimization — are consistent with path models that predict sexually abusive behavior toward peers and adults. The authors asserted that their findings were consistent with hypotheses about the significant role that the domains of callousness, unemotionality and antisocial behavior play in sexually abusive behavior against peers and the limited etiological role they play in sexually abusive behavior toward children. The study's findings are consistent with past evidence regarding the role that sexual victimization plays in subsequent sexual offending behavior. See "Typologies" in this chapter.

Additional Etiological Factors

Burton, Leibowitz and Howard (2010) compared pornography exposure between male adolescents who sexually abuse and male nonsexual offending delinquent youth. Although previous literature indicates that pornography use for adult males at risk for aggression may result in sexually aggressive behavior, very little research has been reported on exposure to pornography on the part of juveniles who commit sexual abuse. The juveniles who had engaged in sexually abusive behavior reported more exposure to pornography when they were both younger and older than age 10 than nonsexual abusers. However, their exposure was not correlated to the age at which their sexually abusive behavior started, to the reported number of victims or to sexual offense severity. The exposure subscale before age 10 was not related to the number of children the group sexually abused, and the forceful exposure subscale was not correlated with either arousal to rape or degree of force used by the youth. Finally, exposure was significantly correlated with all of the nonsexual crime scores in the study. The researchers characterized this study as exploratory in nature and stated that no clear conclusions can be drawn regarding prohibitions or control of pornography for adolescents who sexually abuse and who are in treatment or on parole or probation.

Yoder, Leibowitz and Peterson (2016) explored the differences in characteristics of parental and peer attachments between youth who had committed sexual offenses ($n = 355$) and nonsexual offending youth ($n = 150$). The authors found that, compared to nonsexual offending youth, those who had committed sexual offenses had higher alienation as well as lower trust and communication with mothers. Youth who had committed sexual offenses also had higher alienation, and lower trust and overall attachment with fathers. There were no statistically significant differences between the groups on peer attachment. The study findings are consistent with previous research demonstrating an association between unmet attachment and socio-emotional needs with sexual offending, and they underscore the importance of parent-child relationships as a factor in the etiology of juvenile sexual offending. The study findings related to nonsexual offending youth also are important given the robust empirical evidence that juveniles who commit sexual offenses are more likely to reoffend nonsexually. The authors stated that there is a need for additional research focused on the interactions among social isolation, family dynamics, peer attachment and severity of offending. Replication of the current study's findings would lend support for treatment approaches that target family-level attachment characteristics through multimodal intervention approaches.

Boonman et al. (2015) conducted a meta-analysis involving 21 studies and a total sample size of 2,951 juveniles who sexually offended and 18,688 nonsexual delinquents to determine the prevalence of mental disorders in juvenile sex offenders. Differences in mental disorders between sexually offending juveniles and nonsexual delinquents were also assessed. The meta-analysis found that mental disorders are highly prevalent in juvenile sex offenders, as 69 percent had at least one mental disorder and 44 percent had at least two. Further, 51 percent were reported to have conduct disorder; 18 percent had anxiety disorder (PTSD = 8 percent); 14 percent had ADHD; 9 percent had affective disorder; 30 percent had at least one substance use disorder (SUD); and 42 percent had paraphilia.

Nonsexual delinquents were more likely than juvenile sex offenders to have externalizing disorders and to meet the criteria for one or more mental disorders and were more often diagnosed with ADHD, disruptive

behavior disorder and SUD. Related to juvenile sex offenders, the prevalence of conduct disorder and alcohol and drug abuse/dependence disorders increased with age while PTSD and oppositional defiant disorder decreased with age. Substance use disorder increased overall when the percentage of females included in the studies increased. Related to this finding, the authors recommended the underlying causes of SUD, such as traumatic experiences and PTSD, should receive focus in the assessment and treatment of females who have committed sexual offenses.

Summary on Etiology

Knight and Sims-Knight (2004, p. 49) provide an excellent synthesis on the importance of etiology regarding the treatment, supervision and policy response to juvenile sexual offending:

Identifying the developmental antecedents of sexual aggression not only informs treatment planning (i.e., tertiary intervention), but also will ultimately be the basis for identifying at-risk groups for primary and secondary interventions. Having a validated model of the etiology of sexual aggression is the cornerstone of any public health approach to sexual aggression and a necessary prerequisite for implementation of a primary prevention perspective.

The research cited above describes both single- and multiple-factor etiological theories. There is strong evidence that sexual victimization plays a disproportionate role in the development of sexually abusive behavior in adolescents. A number of studies have described a direct path from sexual victimization to sexually abusive behavior, and others have described an indirect path that is affected by personality variables. Overall, the empirical evidence supports the notion that sexual abuse should not be examined in isolation as it clearly co-varies with other developmental risk factors. Much of the research has described multiple-factor theories in which early childhood maltreatment (traumatic physical and sexual abuse, neglect and chaotic family environments) increases the likelihood of sexually abusive behavior, either directly or indirectly, in relationship with more proximal mediating variables, including personality variables, coping styles, substance use, etc. See Table 2-1 for a summary of the etiological research.

Table 2-1. Summary of Etiology Research

Study	Focus	Findings
Sexual Victimization		
Venziano, Veneziano & LeGrand (2000)	Sexual victimization and subsequent sexual offending	Sexual offending of some adolescents represents a re-enactment of their own sexual victimization or a reactive conditioned and/or learned behavior pattern.
Berman & Knight (2015)	Nature of relationship between a perpetrator and the victim as it relates to the factors important to subsequent sexual offending	Being sexually abused by a cohabitant perpetrator was the best predictor of subsequent sexualization, callousness/manipulativeness and higher impulsivity or disinhibition as it relates to juvenile sexual offending.
Grabell & Knight (2009)	Child sexual abuse patterns and sensitive periods in juveniles who had committed sexual offenses	Ages 3–7 may be a sensitive period during which sexual abuse can do the most damage and place a youth at higher risk for engaging in sexually abusive behavior later in life.
Sexual Victimization and Personality		
Hunter & Figueredo (2000)	Delineating the relationship between sexual victimization and personality variables in the prediction of patterns of sexual offending against children	The following factors predict subsequent sexual offending in sexually victimized offenders: a younger age at time of sexual victimization, a greater number of incidents, a longer period of waiting to report the abuse and a lower level of perceived family support after revelation of the abuse.

Table 2-1. Summary of Etiology Research (continued)

Study	Focus	Findings
Burton (2008)	Contribution of personality and childhood sexual victimization to a social learning victim-to-victimizer hypothesis for the development of sexually abusive behavior	Sexually abusive youth who had been sexually victimized were likely to repeat what was done to them in regard to the relationship with and gender of their victim(s), modus operandi and sexual behaviors. Suggests that sexually abusive youth may have learned to be sexually abusive from their own sexual perpetrator(s).
Multiple Types of Child Maltreatment		
Awad & Saunders (1991)	Compared male adolescents who sexually offended females their age or older to juvenile delinquents and adolescents who engaged in sexually abusive behavior toward younger children	A majority of the adolescents who sexually offended against females their age or older came from a disturbed family background. The rate of sexual victimization for the adolescents who sexually offended against children was much higher and suggested that in some of these adolescents their sexual aggression was a learned behavior, modeled after what they observed at home.
Kobayashi et al. (1995)	Tested a theoretical model of the etiology of deviant sexual aggression by adolescents that included several family factors: perceived parental deviance, child physical and sexual abuse history and a child's bonding to parents	Physical abuse by the father and sexual abuse by males increased sexual aggression by adolescents. Also, a child's bonding to his mother was found to decrease his sexual aggression. The results can be explained from a social learning and a parent-child attachment or social control perspective. Alternative perspectives of evolutionary psychology are also considered.
Cavanaugh, Pimental & Prentky (2008)	Co-occurring issues that can often be influential in sexual offending behaviors	Almost all of the youth came from "highly dysfunctional" families and had experienced a high degree of physical, psychological and sexual abuse and neglect. A total of 66.7% had ADHD, 55.6% had PTSD and 49.9% had a mood disorder. Approximately a quarter used drugs and about one-fifth consumed alcohol.
Seto & Lalumiere (2010)	Tested special and general explanations of male adolescent sexual offending	Results did not support the notion that adolescent sexual offending can be explained as a simple manifestation of general antisocial tendencies.
Leibowitz, Burton & Howard (2012)	Compared sexually victimized and nonsexually victimized adolescent sexual abusers with a group of nonsexually victimized delinquent youth on trauma and personality measures	Sexually victimized sexual abusers reported experiencing significantly greater levels of all five types of abuse than the other two groups (emotional abuse, emotional neglect, physical abuse, physical neglect and sexual victimization). General delinquent youth had fewer behavioral and developmental problems than victimized and nonvictimized juveniles who commit sexual offenses.
Wanklyn et al. (2012)	Compared three groups of juvenile offenders on childhood risk factors, including individual, family, peer and school domains	Extrafamilial sexual abuse and intrafamilial child maltreatment were found in higher frequency among the juvenile sexual offending groups. Versatile violent offenders may encompass a more severe and high risk subset of the juvenile sexual offending.
Marini et al. (2014)	Relationships among childhood victimization, substance use prior to and force used during a sexual offense	Substance use prior to committing a sexual offense partially accounted for the effects of multiple types of cumulative childhood victimization experiences on the force used during a sexual offense.
Felizzi (2015)	Effects of parent or caregiver instability and disrupted parental attachment on juvenile sex offending	Sexually offending juveniles experienced significantly greater parent or caregiver instability. Supports social learning as a powerful influence and as an important explanation for juvenile sexual offending.

Table 2-1. Summary of Etiology Research (continued)

Study	Focus	Findings
Multiple Types of Child Maltreatment and Personality		
Johnson & Knight (2000)	Explored developmental pathways possibly conducive to adolescent sexually abusive behavior, measuring the extent to which the sample experienced childhood trauma, engaged in adolescent delinquency and exhibited particular personality dispositions and cognitive biases	Results suggest that sexual compulsivity and hypermasculinity significantly discriminate verbally and physically coercive sexually abusive juveniles from those who do not report using force. Sexual victimization directly and indirectly (via sexual compulsivity) affected sexual coercion. Alcohol abuse may play a more salient role. Physical abuse had an indirect effect on sexual coercion and was found to be predictive of delinquent behaviors.
Knight & Sims-Knight (2004)	Three-path model intended as a model for sexually abusive behavior toward women	Early traumatic physical and sexual abuse play an important etiological role, increasing the likelihood of sexually abusive behavior either indirectly through the three intervening paths or directly.
Daversa & Knight (2007)	Etiological model for sexual offending behavior toward younger victims	Various developmental and early childhood maltreatment experiences and specific, mediating personality traits contribute significantly to predicting adolescent sexual offending against younger victims. A subset of sexually victimized sexual abusers may select victim(s) specific to a particular age group that is consistent with the age at which they were victimized, indirectly supporting the victim-to-victimizer theory of adolescent sexual offending.
Zakireh, Ronis & Knight (2008)	Individual beliefs and attitudes, and victimization histories of four groups of sexual and nonsexual offenders	Three categories of risk factors — greater hypersexuality or sexual deviance, more violent behavior or fantasies and an increased history of victimization — are consistent with path models that predict sexually abusive behavior toward peers and adults. Findings were consistent with past evidence regarding the role that sexual victimization plays in subsequent sexual offending behavior.
Additional Etiological Factors		
Leibowitz, Burton & Howard (2010)	Compared pornography exposure between male adolescents who sexually abuse and male nonsexual offending delinquent youth	The juveniles who had engaged in sexually abusive behavior reported more exposure to pornography when they were both younger and older than age 10 than nonsexual abusers. Exposure was significantly correlated with all of the nonsexual crime scores in the study.
Yoder, Leibowitz & Peterson (2016)	Differences in characteristics of parental and peer attachments between youth who had committed sexual offenses and nonsexual offending youth	Sexual offending youth had higher alienation and lower trust and communication with mothers, and higher alienation and lower trust and overall attachment with fathers. Important in lieu of previous research that associate unmet attachment and socio-emotional needs with sexual offending.
Boonman et al. (2015)	Conducted a meta-analysis to determine the prevalence of mental disorders in juveniles who sexually offended.	Mental disorders are highly prevalent in juvenile sex offenders with the following percentages: 69% at least one mental disorder; 44% at least two mental disorders; 51% conduct disorder; 18% anxiety disorder (PTSD = 8%); 14% ADHD; 9% affective disorder; 30% at least one substance use disorder; and 42% paraphilia.

Grabell and Knight (2009) suggest that in addition to having risk factors, it is likely that juveniles who have committed sexual offenses lack protective factors — such as emotional support and social competence — to buffer against risk in early experience. Future research should consider the complex relationships between these risk and protective factors in the development of sexually abusive behavior.

Research supports a multifactorial explanatory theory regarding etiological pathways.

Typologies

Typology research to date has primarily differentiated subtypes of juveniles who have committed sexual offenses based on victim age, delinquent history (differentiating sex-only vs. sex-plus offenders) and personality characteristics. This section focuses on research as it relates to these dimensions.

Subtypes Based on Victim Age

Awad and Saunders (1991) found that the majority of adolescents who sexually offended against females their age or older were recidivists, had a history of antisocial behavior predating and coinciding with their sexual offenses and came from a disturbed family background. Adolescents who sexually assaulted peer or older females were less likely to be socially isolated than those who offended against children and more likely to socialize with older peers than a comparison group of delinquents. Alcohol and drugs were not found to play a prominent role in the adolescents who sexually victimized peer or older females. Sexually deviant impulses and antisocial traits were found to be motivating factors for the majority of these youth.

Hunter and Figueredo (2000) found that juveniles who offended against children were more likely to be pessimistic and less likely to be self-sufficient than nonoffending youth. These findings appear to be consistent with a conceptualization of juveniles who sexually offend against children as youth who are lacking in social competencies and who are competitively disadvantaged relative to their peers. The researchers proposed that the sexual acting out of these juveniles may be more reflective of compensatory behavior than psychopathy and more reflective of arrested sexual development than paraphilic interest.

Hunter, Hazelwood and Slesinger (2000) conducted a study comparing 62 adolescents who offended against children to 64 adolescents who offended against peers and adults. The findings suggest that a meaningful differentiation can be made between youth who sexually offend against younger children (5 or more years younger) and those who target peers and adults. According to the study, adolescents who targeted peers and adults were more likely to have —

- Selected a female victim who was either a stranger or acquaintance;
- Committed their offense in a public area, and acted in a group with others;
- Committed the sex crime in association with other criminal activity and have been more aggressive and violent in commission of the offense; and
- Used a weapon.

Hunter, Hazelwood and Slesinger (2000) suggested that the differences in victim age (peer/adult vs. younger children) represent unique populations of sexually aggressive youth. In general, peer/adult adolescents who commit sexual offenses display behaviors that suggest they have greater antisocial tendencies and are more prone to violence in the commission of their sexual offenses than adolescents who molest children.

In a follow-up study, Hunter and colleagues (2003) contrasted adolescent males who sexually offended against prepubescent children with those who targeted pubescent and postpubescent females. Table 2-2 identifies the differences found between the two groups.

Table 2-2. Differentiation Between Categories of Adolescent Males Who Sexually Offend

Those Who Target Prepubescent Children	Those Who Target Pubescent and Postpubescent Females
<ul style="list-style-type: none"> • Greater deficits in psychosocial functioning • Use less aggression in their sexual offending • More likely to offend against relatives • More likely to meet criteria for clinical intervention for depression and anxiety 	<ul style="list-style-type: none"> • Employ more force in the commission of their sexual offense • More likely to use a weapon and to be under the influence of alcohol or drugs at the time of the offense • Less likely to be related to their victim • Less likely to commit the offense in the victim's home or in their own residence • More likely to have a prior arrest history for a nonsexual crime • Demonstrate less anxiety and depression, and less pronounced social self-esteem deficits

Source: Hunter et al. (2003).

Deficits in psychosocial functioning were found to affect the influence of childhood exposure to violence against females on adolescent perpetration of sexual and nonsexual offenses. Childhood physical abuse by a father or stepfather and exposure to violence against females were found to be associated with higher levels of comorbid anxiety and depression. Noncoercive childhood sexual victimization by a male nonrelative was found to be associated with sexual offending against a male child.

Knight and Sims-Knight's (2004) three-path model for sexual coercion against women found that juvenile rapists evidenced more antisocial behavior and a higher use of alcohol. Additionally, juvenile rapists were more likely to come from more disturbed families and to have experienced more caregiver instability. The researchers found that these juveniles had committed more violent offenses than offenders who victimized younger children and that they evidenced borderline intellectual functioning more frequently.

Daversa and Knight's (2007, pp. 1326–1327) dimensional model of adolescent sexually abusive behavior against younger children indicates that "different models of developmental antecedents and core traits are involved in adolescent sexually abusive behavior against peer-aged girls or women and younger children and that identifiable paths to offending are evident in each model." The researchers proposed that their results suggest that a typology based on victim age and developmental trajectory is possible. Further, their findings challenged those from prior research that suggested all adolescents who offend against children are submissive, dependent, socially isolated and less aggressive in their sexual offending. Daversa and Knight suggested that a subgroup of adolescent child molesters may be impulsive and aggressive in their offense planning, entertain sadistic fantasies and demonstrate a high degree of sexual arousal toward young children.

Hunter (2009) reported on a study of a national sample of 256 adolescent males who committed sexual offenses and were receiving treatment in an institutional or community-based setting. Initial results suggest the presence of five subgroups and associated characteristics:

- Life Course Persistent — Antisocial
 - Has the highest arrest rate for nonsexual crimes and the highest reported rate of childhood exposure to violence
 - Evidences lengthy childhood histories of exposure to violence and early developmental onset of pornography viewing and drug/alcohol use
- Adolescent Onset — Experimental
 - Is more inclined to sexually offend against peer and adult females
 - Appears less psychosocially and psychosexually disturbed than other subgroups, and reports less childhood exposure to violence and less preadolescent pornography/substance use
 - Appears to have the lowest average number of victims of the five subgroups
- Socially Impaired — Anxious and Depressed
 - Predominantly sexually offends against children
- Pedophilic Interests — Antisocial
- Pedophilic Interests — Non-Antisocial
 - Evidences lengthy childhood histories of exposure to violence and early developmental onset of pornography viewing and drug/alcohol use

Zakireh, Ronis and Knight (2008) found that greater hypersexuality or sexual deviance, more violent behavior or fantasies and an increased history of victimization are consistent with path models that predict sexually abusive behavior toward peers and adults. Additionally, they found that the domains of callousness, unemotionality and antisocial behavior play a significant role in sexually abusive behavior against peers and a limited etiological role in sexually abusive behavior toward children.

Kemper and Kistner (2010) gathered archival data on 296 male adolescents who were committed to a residential high-risk facility for serious and/or chronic offenders aged 12–19. The study examined the strength of the relationship between victim-age-based subgroup membership and personal, criminal history and offense history variables. Consistent with previous research, juveniles who offended against children tended to victimize male and female relatives while peer offenders tended to victimize female acquaintances. Child and mixed-victim-age offenders were more likely to have been victims of sexual abuse. Peer offenders had a more extensive nonsexual delinquent history. Few associations were found between subgroup membership and measures of physical abuse, social skills or impulsivity. Kemper and Kistner (2010) argued that victim age is more likely a proxy for pertinent factors associated with sexual offending and that these include the physical and emotional development of the victim. They proposed that when information related to the victim is used in classification, the combination method of using both victim age and offender-victim age discrepancy is preferable.

Miner and colleagues (2010) explored the relationship between sexual abuse perpetration and insecure attachment and adolescent social development. The researchers compared three samples of 13- to 18-year-old adolescent males: adolescents who committed sexual offenses against child victims, adolescents who committed sexual offenses against peer/adult victims and nonsexual delinquent youth. The results indicated that attachment style had an indirect effect on sexual abuse perpetration. Attachment anxiety affected involvement with peers and interpersonal adequacy. Feelings of interpersonal inadequacy, combined with oversexualization and positive attitudes toward others distinguished adolescents who committed sexual offenses against child victims from nonsexual delinquents and from adolescents who committed sexual offenses against peer/adult victims. Attachment anxiety with a lack of misanthropic attitudes toward others appears to lead to isolation from peers and feelings of interpersonal inadequacy. The researchers proposed that individuals with this constellation of factors may turn to children to meet their exaggerated intimacy and sexual needs. **The data suggest that youth who assault peers or adults are not substantially different from other delinquent youth on most measures.**

Faniff and Kolko (2012) studied a sample of 176 males adjudicated for a sexual offense who were considered low risk and court ordered to participate in outpatient treatment. Participants were classified into one of three groups based on their victim's age: child victims (at least four years younger than the offender), peer/adult victims or both types of victims (referred to as "mixed"). Regardless of victim type, the researchers found more similarities than differences across the groups in regard to maltreatment experiences, antisocial tendencies, mental health functioning, family functioning and recidivism risk. In contrast to much of the research discussed above, Faniff and Kolko concluded that it is not clear that the selection of a particular type of victim is indicative of unique risks and needs, and suggested that subtyping based on criminal history or personality measures may prove more meaningful. They acknowledged, however, that there is a pattern across studies suggesting greater anxiety and internalizing problems in juveniles with child victims. Similarly, juveniles with peer/adult victims had higher general rearrest rates, consistent with the hypothesis that juveniles who select peer/adult victims are more generally antisocial than those who select child victims. The current study was not able to draw any firm conclusions about mixed offenders given how few were present in the sample.

Miner et al. (2014) followed up on a previous study and further explored the association between insecure attachment to parents, social isolation and interpersonal adequacy, as they relate to adolescent sexual offending against children. The study compared adolescents who committed offenses against children ($n = 140$) and those who committed offenses against peer or adults ($n = 92$), with a sample of similarly aged males in treatment for mental health or substance use issues ($n = 93$). The results of the current study replicated prior Miner et al. (2010) findings that anxious attachment had an indirect effect on child sexual abuse perpetration through social isolation and interpersonal inadequacy. The authors hypothesize, "that when an adolescent experiences isolation from peers, this anxious attachment could contribute to feelings of further isolation and alienation, and is related to feelings of inadequacy, especially in the masculine role... Sexual offending may be an attempt to compensate for this inadequacy" (p. 147). The study found that sexual offending against peer/adults was related to sexual behavioral control, as opposed to interpersonal functioning as it relates to attachment, social involvement or masculine adequacy. Sexual compulsivity, or perceived lack of control over sexual behavior, distinguished both sexual offending groups of adolescents from the adolescent group with mental health or substance abuse problems.

Zeng et al. (2014) investigated if there were differences in the risk and criminogenic needs of 167 Singaporean youth who sexually offended based on two typologies. The study compared the risk and need profiles of a) youth who offended only sexually and youth who offended sexually and nonsexually (see discussion below in Delinquent History) and b) youth who sexually offended against child victims and youth who sexually offended against nonchild victims. The study was retrospective in nature, utilizing clinical file reviews and administering the Youth Level of Service/Case Management Inventory (YLS/CMI) (Hoge & Andrews, 2010) and the Estimated Risk of Adolescent Sexual Offense Recidivism (ERASOR) (Worling & Curwen, 2001) ratings. Regarding sexual reoffending risk factors, a greater number of previous sexual assaults was the only factor that differentiated

youth who sexually offended against child victims from youth who offended against nonchild victims. A possible explanation for this difference could be a greater availability of child victims, and a lower risk of a child victim being able to resist an older and stronger perpetrator. Youth who offended against child victims did not differ significantly from youth who offended against nonchild victims in terms of level of general criminogenic needs.

Leroux et al. (2016) examined a Canadian sample ($n = 162$) comparing adolescents who had sexually offended against children, adolescents who have offended against peers or adults and adolescents who had victims in both age groups. Participants were compared on several factors including childhood sexual abuse, atypical sexual interests, sexual experience, social competence, psychiatric history and general delinquency. The authors concluded that the study results provide further support for the validity of distinguishing adolescents who commit sexual offenses by victim age, as synthesized in the following table:

Adolescents With Child Victims	Adolescents With Peer or Adult Victims
<ul style="list-style-type: none"> ● Less sexually experienced, which suggests they are more likely to offend against children secondary to lacking the sexual and social maturity to form intimate relationships with peers ● Most sexually atypical ● Lower on measures of general delinquency ● Results “partially support the hypothesis that adolescent sexual offending against children is better explained by special explanation factors rather than general delinquency factors” (p. 91) 	<ul style="list-style-type: none"> ● More likely to have inflicted more physical harm on their victims ● More likely to have been under influence of substances at time of offense ● Most severe behavioral problems include higher rates of general substance use, prior conduct disorder, and disruptive behavior disorder at time of assessment ● Results more consistent with the general delinquency explanation

The results suggest that adolescents with mixed victim age (both child and peer/adult victims) constitute a distinct group of offenders and that both general delinquency and special explanation factors contribute to the onset of the mixed victim age type of sexual offending. It further implies that this subtype of juvenile who has committed a sexual offense has the most treatment needs.

Joyal, Carpentier and Martin (2016) assessed the value of subgrouping juveniles who have committed sexual offenses based on victim age and secondarily, based on sibling incest. Retrospective data was collected on 351 adolescent males from the archives of a legal forensic center in Montreal. The results of the study “further confirms the usefulness of distinguishing [juvenile sexual offenders] of children versus [juvenile sexual offenders] of peers/adults” (p. 18).

JSOs With Child Victims	JSOs With Peer or Adult Victims
<ul style="list-style-type: none"> ● Socially isolated or rejected by their peers ● Low social competence ● Atypical sexual interests 	<ul style="list-style-type: none"> ● Present antisocial profile: diverse criminality, criminal activity with peers, using drugs and alcohol and conduct disorder diagnosis ● Have more peer-aged friends ● Previous consensual sex with peer-age teen ● Targeted an unknown victim

Sibling incest juvenile sex offenders were more likely to have been sexually victimized during their own childhood, suggesting that victimization is more strongly related to family relation than victim age. Compared to juvenile sex offenders with extrafamilial child victims, sibling incest juvenile sex offenders were also less

likely to have much younger friends and to be socially isolated or rejected by peers and more likely to have received a conduct disorder diagnosis. The authors argued that these findings indicate that sibling incest offenders have more varied and complex treatment needs, stating that the overall findings of the study “stress the importance of considering subtypes of juvenile sex offending in treatment plan elaboration” (p. 20).

Subtypes Based on Delinquent History

Butler and Seto (2002) sought to distinguish between adolescents who sexually offend based on nonsexual offense history. Based on their criminal records, 114 male adolescent offenders were divided into three groups: adolescents who commit sexual offenses, versatile offenders and nonaggressive offenders. The adolescents who committed sexual offenses were further classified as “sex only” if they had only been charged with sex offenses or as “sex plus” if they had ever been charged with a nonsexual offense. Youth were compared on measures of childhood conduct problems, current behavioral adjustment, antisocial attitudes and beliefs and risk for future delinquency. The researchers found that sex-only adolescents who committed sexual offenses had significantly fewer childhood conduct problems, better current adjustment, more prosocial attitudes and a lower risk for future delinquency than did the adolescents who committed nonsexual offenses. Sex-plus adolescents resembled criminally versatile offenders. Butler and Seto concluded that differences between sex-only and sex-plus adolescents who committed sexual offenses reflect a valid typological distinction and that this discrimination has implications for differential intervention. **Sex-plus adolescents are at higher risk for general reoffending than are sex-only adolescents and are more likely to benefit from treatment targeting general delinquency factors.** They may also be more likely to require multisystemic interventions that simultaneously address individual, family and social influences on antisocial behavior.

Zakireh, Ronis and Knight (2008) found that juveniles who have committed sexual offenses may share a number of common difficulties with general delinquents because many of these youth have similar patterns of criminal offending. Thus, sexual offending may be part of a broader pattern of serious antisocial behavior for a proportion of sexual offending juveniles.

As a follow-up to the above-noted Butler and Seto (2002), Pullman et al. (2014) compared sex-only ($n = 71$) and sex-plus ($n = 87$) sexually abusive adolescents on a range of antisocial and atypical sexual interest variables and variables associated with specialist models of sexual offending. The sex-plus adolescents had to have a sexual and nonsexual delinquent history and/or a history of moderate to severe conduct disorder before age 10. The sex-plus adolescents were further differentiated between early onset (moderate to severe conduct problems before age 10) and late onset. A synthesis of the findings differentiated the two groups as follows:

Sex-Only Offenders	Sex-Plus Offenders
<ul style="list-style-type: none"> • More atypical sexual interests • Greater deficits in romantic relationships • More likely to have a child victim • More likely to have a male victim 	<ul style="list-style-type: none"> • More likely to be diagnosed with antisocial personality traits • More likely to use drugs • Exhibit more psychiatric issues • Greater deficits in general social skills • Caused more physical injury to victim and more likely to use weapon • More likely to have familial psychiatric and substance abuse history • More likely to be living in single-parent home • More likely to have been physically abused

Little support was found for the use of the early vs. late-onset classification scheme. The overall results provide further support for the validity of a sex-only vs. sex-plus distinction, as well as supporting the generalist/specialist literature as it relates to etiology. Generalists are more driven by general antisocial factors, which suggests that treatment focused on delinquency factors will be more effective. Sex-only adolescents appear to be more driven by specialist explanations and, as such, should receive specialized interventions, including addressing difficulty with romantic partnerships and atypical sexual interests.

McCuish, Lussier and Corrado (2015) utilized Loeber and Hay's (1994) three pathway model in assessing differences in antisocial pathways within juveniles who had committed sexual offenses and juveniles who had committed nonsexual delinquency. The final sample consisted of 51 juvenile sexual offenders and 94 juvenile nonsexual offenders incarcerated in open and secure custody facilities in British Columbia, Canada. The results indicated the presence of multiple antisocial behavioral pathways in juvenile sexual offenders that reflect those of nonsexual offenders. A Low Antisocial group was the most prevalent pathway, representing about 50 percent for both juvenile sexual and nonsexual offenders. The other half of the sample of both juvenile sexual and nonsexual offenders was almost evenly split between the Overt and Covert groups, and can be distinguished based on their pattern of predominantly covert or overt antisocial behavior.

Juvenile Sexual Offenders — Overt Group	Juvenile Sexual Offenders — Covert Group
<ul style="list-style-type: none"> • May have engaged in sexual offending as part of an escalating and long-standing (before age 12) pattern of aggressive and violent behavior • Sexual victims were more likely to be aware of their victimizer because the overt confrontational nature 	<ul style="list-style-type: none"> • Types of behaviors require actively avoiding detection • Sexual offense may have reflected well-concealed and deceitful pattern that possibly included identifying vulnerable victims who were less likely to report (e.g., a mentally disabled child, children under their supervision while babysitting or severely intoxicated individuals)

The authors posit that the findings support the need for more precise assessments of the antisocial behavior profile in order to determine whether there is a link between the nature of the antisocial behavior pathway and the modus operandi of a juvenile sexual offender's offense. This should include assessment of criminogenic factors and risk for general recidivism, which research suggests is the most likely outcome of juvenile sexual offenders who reoffend.

As discussed above, Zeng et al. (2015) investigated if there were differences in the risk and criminogenic needs of 167 Singaporean youth who sexually offended based on two typologies, one of which was comparing youth who offended both sexually and nonsexually to youth who offended only sexually. Youth who offended both sexually and nonsexually were found to have higher risk and criminogenic needs as compared to youth who engaged in sexual offending only. This suggests that criminally diverse youth who sexually offended may be influenced by general criminogenic risk and needs factors. The study results also are consistent with prior research findings that youth who offended sexually and nonsexually bear similarities to nonsexual delinquent youth in their group characteristics. The authors suggested that antisocial interpersonal orientation, a lack of intimate peer relationships, interpersonal aggression, and problematic parent-child relationships represent particularly salient risk factors and needs for youth who offended sexually and nonsexually.

Subtypes Based on Victim Age and Delinquent History

Aebi and colleagues (2012) sampled 223 male children and adolescents aged 10–18 who had been convicted of sexual assaults against children, sexual assaults against adolescents and adults, coercive sexual behavior, exhibitionism and sexual harassment in Zurich, Switzerland. The research tested the validity of typing sexually abusive juveniles based on victim age, co-offender status and crime history. The best evidence was found for

the victim-age-based subtype that differentiated juveniles who offended against children from those who had offended against adolescents and adults. Consistent with findings from previous research, Aebi and his colleagues found that **offenders against children were younger at the time of offense, less likely to be of foreign nationality, more likely to have male victims and showed less aggression in their offenses**. The researchers also found that sexual offense severity was higher among child offenders and included more intrusive behaviors relative to adolescents who had offended against adolescents and adults. The consideration of a distinct underlying psychological mechanism differentiating offenders based on victim age may be important for intervention planning.

Although there was some support for juveniles who offend against children as a separate type, Aebi and colleagues (2012) concluded that the limited validity and lack of independence found for the three types strongly suggest that a comprehensive typology is not feasible. The researchers suggested that a dimensional approach based on the following factors is more adequate for describing juveniles who have committed sexual offenses:

- Single offender with severe molestation of a related child
- Persistent general delinquent with migrant background
- Older offender with alcohol use and familial constraints
- Multiple and aggressive offender with social adversities
- Offender with unselected and multiple victims

Aebi and colleagues (2012, p. 283) concluded that these findings suggest “distinct dimensions of criminality implying different pathways that lead to sexual offending in youth” and proposed that the identification of criminality dimensions in terms of relevant patterns of sexual offending characteristics may be more useful in guiding treatment intervention.

Subtypes Based on Victim Age and Personality Characteristic

Carpenter, Peed and Eastman (1995) compared the personality characteristics of adolescents who committed sexual offenses by examining the extent (if any) to which personality differences exist between adolescents who offend against their peers and adolescents who offend against younger children. The sample consisted of 36 adolescents who committed sexual offenses (16 peer offenders and 20 child offenders) and who were committed to Virginia’s Department of Youth and Family Services. The researchers found that adolescents who molested children are more schizoid, avoidant and dependent than adolescents who offended against peers. The adolescents who offended against children frequently demonstrated a pattern of withdrawing from social encounters with peers and, as such, commonly experienced loneliness and isolation. In discussing these findings, Carpenter and his colleagues (1995, p. 196) stated that these results “may help explain why adolescent sexual offenders against children gravitate to their victims.” Results also suggest that adolescents who offend against peers have an inflated self-image and are arrogant and interpersonally exploitative. Evidence suggests that the design and effectiveness of treatment programs may be enhanced if the personality differences between the type of victim (child or peer) can be taken into account.

Worling (2001) examined the California Psychological Inventory Scores from 112 males aged 12–19 who committed sexual offenses. A cluster analysis of the factor-derived scores revealed four personality-based subtypes and associated characteristics:

- **Antisocial/impulsive youth** are likely to have a propensity for rule violations. Their sexual offending, at least initially, is more a result of this factor than deviant sexual arousal. Descriptors of this subgroup may include anxious, unhappy and rebellious.
- **Unusual/isolated youth** are emotionally disturbed and insecure. They are characterized by a peculiar presentation and social isolation. Their awkward personality features may inhibit their ability to develop and maintain healthy and intimate relationships with consenting peers.
- **Overcontrolled/reserved youth** endorse prosocial attitudes, are cautious to interact with others and tend to keep their feelings to themselves.
- **Confident/aggressive youth** are confident, self-centered, outgoing, aggressive and sociable.

Significant differences were observed among the groups regarding history of physical abuse, parental marital status, residence of the juveniles and whether or not they received criminal charges for their initial sexual assaults. Membership in the subgroups was unrelated to victim age, victim gender and the juvenile's history of sexual victimization. The juveniles in the two most pathological groups — antisocial/impulsive and unusual/isolated — were most likely to be charged with a subsequent violent (sexual or nonsexual) or nonviolent offense. Worling reported that 39 percent of his sample was sexually victimized, with no between-group differences being found. Twice as many juveniles in the antisocial/impulsive group had a history of physical victimization compared to the other groups in the study. Worling asserted that these results provided evidence for heterogeneity in the presence and nature of psychopathology, personality characteristics and social functioning in adolescents who commit sexual offenses and of different etiological pathways and treatment needs.

Richardson and colleagues (2004) described a personality-based taxonomy based on an outpatient sample of 112 sexually abusive adolescents. Five subgroups were derived from cluster analytic procedures applied to personality pattern scales scores from the Millon Adolescent Clinical Inventory (MACI): normal, antisocial, submissive, dysthymic/inhibited and dysthymic/negativistic. The groups were also found to be differentiated on MACI's psychopathology scales, with mood disorders indicated in three of the five subgroups. The study results provide evidence of the heterogeneity of adolescents who sexually abuse in both personality characteristics and psychopathology. A comparison of the groups differentiated on the basis of victim characteristics did not indicate a relationship between personality and sexual offense. The broad clinical distinction between internalizing and externalizing disorders was found to be valid in this sample. The researchers suggested that it may be better clinical practice to facilitate treatment planning that is based on subgroup membership, as evidenced by personality type and clinical presentation.

Summary

The dearth of research on juveniles who have committed sexual offenses in the 1980s resulted in a "trickle-down" approach, in which an adult sexual offender model was used that supported a narrow and specialized one-size-fits-all treatment and supervision approach. **The national experts who participated in the SOMAPI forum identified the importance of individualizing treatment for juveniles who commit sexual offenses.** In addition, research has increasingly demonstrated the heterogeneity of the population of juveniles who have committed sexual offenses in regard to etiological pathways, offending patterns, delinquent history, personality characteristics and clinical presentation, and risk for sexual and nonsexual recidivism. The integration of findings from etiological and typology studies suggests differential risk and treatment and supervision needs.

The importance of using individualized treatment and supervision strategies was also acknowledged by the experts at the SOMAPI forum. Related to typologies, Knight and Prentky (1993, p. 77) provide a balanced assessment of the use of clinical labels:

Clinical labels have some negative consequences. If however, we refrain from applying labels because of fears about the possible negative consequences of the misapplication of such labels, we would also forfeit our chances of discerning causes, of designing intervention programs that address the more specific needs of subgroups, of identifying vulnerable individuals who might profit from primary prevention programs, and of improving our dispositional decisions about specific subgroups of offenders.... Thus, categorization yields multiple advantages, and must be pursued. We must also remain cognizant of the limits of our taxonomic models and continually challenge our constructs and scrutinize the empirical validity of the measures and types we generate.

Typology research dealing with juveniles who commit sexual offenses has focused primarily on the subtyping of juvenile offenders based on victim age, delinquent history and personality characteristics. This research has yielded substantial insights in regard to identifying differential etiological paths, typological characteristics and associated treatment targets. Although there is a great deal of diversity in juvenile sexual offenders, there is increasing research support for both victim-age based and sex-only vs. sex-plus theories for differentiating subtypes of juvenile sexual offenders. There appears to be a convergence of research that delineates subtypes differentiated by the presence of a nonsexual delinquent history and a general delinquency orientation (generalists) versus juveniles whose sexual offending is associated with issues related to anxious attachment, social and sexual immaturity and inadequacy, and social isolation (specialists). A small subset of the specialists manifests atypical sexual interests. Given the large number of potential influences and interactions of sexual offending characteristics, Aebi and colleagues (2012) argue that juvenile sexual offenders may be better described by using dimensional measures rather than assigning them to specific types. The research to date has provided very useful information regarding dimensions that include trauma and chaotic family environments, attachment, psychosocial adjustment, delinquent history and orientation, co-occurring mental health problems, sexual drive and preoccupation, and atypical sexual interests.

The evolving knowledge on etiological pathways and typologies is increasingly informing intervention practices, particularly the ability of sex offender management professionals to design intervention programs that address the specific risk and needs of subgroups of juveniles who commit sexual offenses. Empirical evidence concerning the prevalence of child maltreatment in early development offers support for continuing treatment aimed at victimization and trauma resolution with sexually abusive youth. Developmental models, which have included early childhood experiences and family functioning, should be broadened to include larger social variables such as exposure to sexually violent media and characteristics of social ecologies.

While research has documented the heterogeneity and differential treatment and supervision needs that exist within the juvenile offender population, policy responses tend to be designed with only the highest risk offenders in mind. Rather than using a one-size-fits-all approach, legislative initiatives should encourage risk assessment and the application of aggressive strategies and the most intensive interventions only for those offenders who require the greatest level of supervision, treatment and personal restriction. In this way, both community safety and the successful rehabilitation of youth who offend can be ensured.

Note

1. Primary prevention approaches occur before sexual violence to stop initial victimization; tertiary prevention approaches occur after sexual victimization to address the consequences to the victim as well as the management of known sex offenders to minimize the possibility of reoffense (Association for the Treatment of Sexual Abusers, 2013).

References

- Aebi, M., Vogt, G., Plattner, B., Steinhausen, H.C. & Bessler, C. (2012). Offender types and criminality dimensions in male juveniles convicted of sexual offenses. *Sexual Abuse: A Journal of Research and Treatment*, (24)3, 265–288.
- Association for the Treatment of Sexual Abusers (2013). *Sexual Violence Prevention Fact Sheet*. Beaverton, OR: Association for the Treatment of Sexual Abusers. Retrieved from: www.atsa.com/sexual-violence-prevention-fact-sheet.
- Awad, G.A. & Saunders, E.B. (1991). Male adolescent sexual assaulters: Clinical observations. *Sexual Abuse: A Journal of Research and Treatment*, (6)4, 102–115, 446–460.
- Berman, A.K. & Knight, R.A. (2015). The Relation of Familiarity With Sexual Abusers to Subsequent Developmental Adaptation in Youths Who Have Sexually Offended. *Sexual Abuse: A Journal of Research and Treatment*, (27)6, 587–608.
- Boonmann, C., van Vugt, E.S., Jansen, L.M.C., Colin, O.F., Doreleijers, T.A.H., Stams, J.M. & Vermeiren, R.J.M. (2015). Mental disorders in juveniles who sexually offended: A meta-analysis. *Aggression and Violent Behavior*, 24, 241–249.
- Burton, D.L. (2008). An exploratory evaluation of the contribution of personality and childhood sexual victimization to the development of sexually abusive behavior. *Sexual Abuse: A Journal of Research and Treatment*, (20)1, 102–115.
- Burton, D.L., Leibowitz, G.S. & Howard, A. (2010). Comparison by crime type of juvenile delinquents on pornography exposure: The absence of relationships of exposure to pornography and sexual offense characteristics. *Journal of Forensic Nursing*, 6, 121–129.
- Burton, D.L., Miller, D.L. & Shill, C.T. (2002). A social learning theory comparison of the sexual victimization of adolescent sexual offenders and nonsexual offending male delinquents. *Child Abuse & Neglect*, 26, 893–907.
- Butler, S.M. & Seto, M.C. (2002). Distinguishing two types of adolescent sex offenders. *Journal of the American Academy of Child and Adolescent Psychiatry*, (41)1, 83–90.
- Carpenter D., Peed, S. & Eastman, B. (1995). Personality characteristics of adolescent sexual offenders: A pilot study. *Sexual Abuse: A Journal of Research and Treatment*, 7(5), 195–203.
- Cavanaugh, D.J., Pimenthal, A. & Prentky, R. (2008). A descriptive study of sexually abusive boys and girls — externalizing behaviors. In B.K. Schwartz (Ed.), *The Sex Offender: Offender Evaluation and Program Strategies*, vol. VI (pp. 12-1–12-21). Kingston, NJ: Civic Research Institute.
- Daversa, M.T. & Knight, R.A. (2007). A structural examination of the predictors of sexual coercion against children in adolescent sexual offenders. *Criminal Justice and Behavior*, 34(10), 1313–1333.
- Faniff, A.M., & Kolko, D.J. (2012). Victim age based subtypes for juveniles adjudicated for sexual offenses: Comparisons across domains in an outpatient sample. *Sexual Abuse: A Journal of Research and Treatment*, (24)3, 224–264.
- Felizzi, M.V. (2015). Family or Caregiver Instability, Parental Attachment, and the Relationship to Juvenile Sex Offending. *Journal of Child Sexual Abuse*, 24, 641–658.

- Grabell, A.S., & Knight, R.A. (2009). Examining child abuse patterns and sensitive periods in juvenile sexual offenders. *Sexual Abuse: A Journal of Research and Treatment*, (21)2, 208–222.
- Hunter, J.A. (2009). The sexual crimes of juveniles. In R.R. Hazelwood & A.W. Burgess (Eds.), *Practical Aspects of Rape Investigation: A Multidisciplinary Approach*. Boca Raton, FL: CRC Press.
- Hunter, J.A., & Figueredo, A.J. (2000). The influence of personality and history of sexual victimization in the prediction of juvenile perpetrated child molestation. *Behavior Modification*, 24(2), 241–263.
- Hunter, J.A., Figueredo, A.J., Malamuth, N.M. & Becker, J. (2003). Juvenile sex offenders: Toward the development of a typology. *Sexual Abuse: A Journal of Research and Treatment*, (15)1.
- Hunter, J.A., Hazelwood, R.R. & Slesinger, D. (2000). Juvenile perpetrated sex crimes: Patterns of offending and predictors of violence. *Journal of Family Violence*, 15(1), 81–93.
- Johnson, G.M. & Knight, R.A. (2000). Developmental antecedents of sexual coercion in juvenile sexual offenders. *Sexual Abuse: A Journal of Research and Treatment*, (12)3, 165–178.
- Joyal, C.C., Carpentier, J. & Martin, C. (2016). Discriminant factors for adolescent sexual offending: On the usefulness of considering both victim age and sibling incest. *Child Abuse & Neglect*, 54, 10–22.
- Kemper, T.S., & Kistner, J.A. (2010). An evaluation of classification criteria for juvenile sex offenders. *Sexual Abuse: A Journal of Research and Treatment*, (22)2, 172–190.
- Knight, R.A. & Sims-Knight, J.E. (2004). Testing an etiological model for male juvenile sexual offending against females. *Journal of Child Sexual Abuse*, 13(3/4), 33–55.
- Knight, R.A. & Prentky, R.A. (1993). Exploring characteristics for classifying juvenile sex offenders. In H.E. Barabaree, W.E. Marshall & S.M. Hudson (Eds.), *The Juvenile Sex Offender* (pp. 45–83). New York: Guilford.
- Kobayashi, J., Sales, B.D., Becker, J.V., Figueredo, A.J. & Kaplan, M.S. (1995). Perceived parental deviance, parent-child bonding, child abuse and child sexual aggression. *Sexual Abuse: A Journal of Research and Treatment*, (7)1, 25–44.
- Leibowitz, G.S., Burton, D.L. & Howard, A. (2012). Differences between victimized and nonsexually victimized adolescent sexual abusers and delinquent youth: Further group comparisons of developmental antecedents and behavioral changes. *Journal of Child Sexual Abuse*, 21, 315–326.
- Leroux, E.J., Pullman, L.E., Matayne, G. & Seto, M.C. (2016). Victim Age and the Generalist Versus Specialist Distinction in Adolescent Sexual Offending. *Sexual Abuse: A Journal of Research and Treatment*, (28)2, 79–95.
- Marini, V., Leibowitz, G., Burton, D. & Stickle, T. (2014). Victimization, substance use and sexual aggression in male adolescent sexual offenders. *Criminal Justice and Behavior*, 41(5), 635–649.
- McCuish, E.C., Lussier, P. & Corrado, R.R. (2015). Examining Antisocial Behavioral Antecedents of Juvenile Sexual Offenders and Nonsexual Offenders. *Sexual Abuse: A Journal of Research and Treatment*, (27)4, 414–438.
- Miner, M.H., Robinson, B.E., Knight, R.A., Berg, D., Swinburne Romine, R. & Netland, J. (2010). Understanding sexual perpetration against children: Effects of attachment style, interpersonal involvement, and hypersexuality. *Sexual Abuse: A Journal of Research and Treatment*, (20)3, 58–77.

Miner, M.H., Romine, R.S., Robinson, B.E., Berg, D. & Knight, R.A. (2014). Anxious Attachment, Social Isolation and Indicators of Sex Drive and Compulsivity: Predictors of Child Sex Abuse Perpetration in Adolescent Males. *Sexual Abuse: A Journal of Research and Treatment*, (28)2, 132–153.

Pullman, L.E., Leroux, E.J, Matayne, G. & Seto, M.C. (2014). Examining the developmental trajectories of adolescent sexual offenders. *Child Abuse and Neglect*, 38, 1249–1258.

Richardson, G., Kelly, T., Graham, F. & Bhate, S. (2004). Personality-based classification derived from the Personality Pattern scales from the Millon Adolescent Clinical Inventory (MACI). *British Journal of Clinical Psychology*, 43, 258–298.

Seto, M. & Lalumiere, M. (2010). What is so special about male adolescent sexual offending: A review and test of explanations through meta-analysis. *Psychological Bulletin*, 136(4), 526–575.

Veniziano, C., Veniziano, L. & LeGrand, S. (2000). The relationship between adolescent sex offender behaviors and victim characteristics with prior victimization. *Journal of Interpersonal Violence*, 15(4), 363–374.

Wanklyn, S.G., Ward, A.K., Cormier, M.S., Day, D.M. & Newman, J.E. (2012). Can We Distinguish Juvenile Violent Sex Offenders, Violent, Nonsex Offenders and Versatile Violent Sex Offenders Based on Childhood Risk Factors? *Journal of Interpersonal Violence*, (27)11, 2128–2143.

Worling, J.R. (1995). Sexual abuse histories of adolescent male sex offenders: Differences on the basis of the age and gender of their victims. *Journal of Abnormal Psychology*, 104(4), 610–613.

Worling, J.R. (2001). Personality-based typology of adolescent male sexual offenders: Differences in recidivism rates, victim selection characteristics, and personal victimization histories. *Sexual Abuse: A Journal of Research and Treatment*, 13(3), 149–166.

Yoder, J.R., Leibowitz, J.S. & Peterson, L. (2016). Parental and Peer Attachment Characteristics: Differentiating between Youth Sexual and Nonsexual Offenders and Associations with Sexual Offense Profiles. *Journal of Interpersonal Violence*, 2016 Feb 12. pii: 0886260516628805. [Epub ahead of print].

Zakireh, B., Ronis, S.T. & Knight, R.A. (2008). Individual beliefs, attitudes, and victimization histories of male juvenile sexual offenders. *Sexual Abuse: A Journal of Research and Treatment*, 20(3), 323–351.

Zeng, G., Chu, C.M., Koh, L.L. & Teoh, J. (2015). Risk and Criminogenic Needs of Youth Who Sexually Offended in Singapore: An Examination of Two Typologies. *Sexual Abuse: A Journal of Research and Treatment*, (27)5, 479–495.

Chapter 3: Recidivism of Juveniles Who Commit Sexual Offenses

by Christopher Lobanov-Rostovsky

FINDINGS

- ◆ There does not appear to be a significant difference in the rate of either sexual or general recidivism between juveniles who commit sexual offenses against peer or adult victims and those who commit sexual offenses against child victims.
- ◆ The observed sexual recidivism rates of juveniles who commit sexual offenses range from about 7 percent to 13 percent after 59 months, depending on the study.
- ◆ Recidivism rates for juveniles who commit sexual offenses are generally lower than those observed for adult sexual offenders.
- ◆ Juveniles who commit sexual offenses have higher rates of general recidivism than sexual recidivism.

Introduction

Juveniles who commit sexual offenses have come under increasing scrutiny from the public and policymakers in the past 25 years. Previously, this population was not seen as a significant public safety threat and was instead viewed with a “boys will be boys” attitude. However, in a series of studies conducted in the late 1970s and early ‘80s that featured retrospective sexual history interviews with adult sexual offenders, many adults reported they began their sexual offending during adolescence. These findings led practitioners and policymakers to focus more attention on juveniles who commit sexual offenses as a way to prevent adult sexual offending.

In the absence of knowledge on juveniles who commit sexual offenses, interventions for these juveniles were constructed using existing theories and practices designed for adults. That juveniles who commit sexual offenses might differ from adult sexual offenders was rarely considered. Also, little consideration was given to any differences that might exist between juveniles who commit sexual offenses and those who commit nonsexual offenses. Since the 1980s, a significant body of knowledge specific to juveniles who commit sexual offenses has been developed, particularly in relation to the characteristics of these youth and their propensity to reoffend. To accomplish this, researchers employed methodologies very different from those that retrospectively examined the offending history of adult sex offenders. These methodologies enabled researchers to better understand the experiences, characteristics and behaviors of juveniles who commit sexual offenses, including recidivism rates and patterns.

This chapter provides a review of recidivism research on juveniles who commit sexual offenses. Research findings concerning both sexual and general recidivism are presented. Findings concerning general recidivism are important because many juveniles who commit sexual offenses also engage or will engage in nonsexual criminal offending. In fact, research has demonstrated that juveniles who commit sexual offenses are more likely to recidivate in a nonsexual rather than a sexual manner. Sexual recidivism and general recidivism are both risks to public safety.

Prior to reviewing the recidivism research, a definition of recidivism is needed. Recidivism has been conceptually defined as the return to criminal behavior by an individual previously convicted of or adjudicated for a criminal offense (Maltz, 2001). It is indicative of a criminal offender's recurrent failure to follow the law despite having been subject to some type of response from the criminal or juvenile justice system. Recidivism is not merely repeat offending, but rather refers to the recurrence of illegal behavior after a criminal offender receives negative legal consequences, including legal supervision, rehabilitative treatment or some form of residential or institutional placement. (For more information on the "Effectiveness of Treatment for Juveniles Who Sexually Offend," see Chapter 5 in the Juvenile section.) Given the profound impact that sexual recidivism has on victims and the community, it is important to know the patterns and rates of recidivism attributed to juveniles who commit sexual offenses. However, sexual recidivism has proven difficult to quantify for both juveniles and adults for a number of reasons; the main reason is the extent to which sexual crimes are underreported to authorities. As a result, sexual recidivism rates do not necessarily capture the true extent of sexual reoffense, and all analyses of recidivism research must be mindful of this limitation. In addition, recidivism has been defined and operationalized by researchers in various ways (e.g., self-report, rearrest/new charge, readjudication for juveniles under age 18 or reconviction for those who have now become adults, and recommitment for juveniles or reincarceration for adults). This hampers cross-study comparisons and often results in variations in observed recidivism rates that are primarily artifacts of different study methodologies. Despite these limitations, recidivism research on juveniles who commit sexual offenses provides an empirical basis for understanding both the absolute and relative risk of reoffense posed by this population. Trustworthy data on the recidivism rates of juveniles who commit sexual offenses, and how they compare to rates found for both adult sex offenders and other juvenile offenders, can help policymakers and practitioners at the federal, state and local levels develop interventions that are not only effective, but also appropriate and proportionate.

This chapter does not present an exhaustive review of the recidivism research related to juveniles who commit sexual offenses, but instead focuses on studies deemed to be important for a general understanding of recidivism rates and patterns. This review also does not address the risk factors related to recidivism, the manner in which recidivism risk might be mitigated through treatment or supervision practices, or research findings on adult sexual offender recidivism. Research on the effectiveness of treatment for juveniles who commit sexual offenses is reviewed in Chapter 5 of the Juvenile section. Findings from research on the recidivism of adult sexual offenders may be found in Chapter 5 in the Adult section. Finally, it should be noted that for ease in reading, data presented in this chapter have been rounded to the nearest whole number.

Issues to Consider

The following measurement issues, which can impact the recidivism rates observed in studies, should be considered when reviewing the findings presented in this chapter:

- **Recidivism rates are not true reoffense rates.** As noted above, recidivism rates are typically based on official criminal or juvenile justice records pertaining to an arrest, criminal adjudication or conviction, or commitment or incarceration. These records do not include any of the substantial number of sexual offenses that do not come to the attention of criminal or juvenile justice authorities. For example, Bachman (1998) found that only about one in four rapes or sexual assaults were reported to police, and Tjaden and Thoennes (2006) found that only 19 percent of women and 13 percent of men who were raped since their 18th birthday reported the rape to the police. Child victims report at an even lower rate. Even when a sex crime is reported to police, relatively few are cleared by arrest and even fewer result in a conviction/adjudication or incarceration. In a prospective study of adolescents, for example, Grotspeter and Elliot (2002) found that the rate of arrest for those who reported committing a sexual offense was between 3 and 10 percent, depending on the severity of the sex crime (Grotspeter & Elliott, 2002). Therefore, observed recidivism rates for juveniles who commit sexual offenses likely underrepresent the true incidence of reoffense for this population, particularly for sexual crimes.

- **Recidivism rates are often calculated differently from one study to the next.** Different recidivism measures such as rearrest, readjudication as a juvenile or reconviction as an adult and recommitment (for juveniles) or reincarceration (for adults) can produce different recidivism rates, as can variations in the length of the follow-up period used in a particular study. This makes cross-study comparisons of recidivism rates difficult. Studies using rearrest as a recidivism measure will typically produce higher observed recidivism rates than studies using readjudication or recommitment because only a subset of all arrests ultimately end in adjudication or commitment. Similarly, studies employing longer follow-up periods will tend to produce higher observed recidivism rates because the offenders being studied will have more time to reoffend and more time to be identified as a recidivist by authorities.

Differences in juvenile research populations may also lead to different recidivism results. Juveniles who have been released from a residential or correctional facility may be fundamentally different from those placed under community supervision in terms of overall risk for recidivism. Similarly, much of the juvenile recidivism literature involves youth of vastly different ages. There are significant differences between an 11-year-old and a 17-year-old, and the age of the juveniles in a study sample should be considered when interpreting individual study results or when making cross-study comparisons.

- **Recidivism rates for juvenile females who commit sexual offenses are relatively unknown.** Most studies of juveniles who commit sexual offenses employ samples or populations that are exclusively or predominantly male. Even those studies that do include females do not necessarily identify the unique recidivism rate for this population. Therefore, knowledge about recidivism for juvenile females remains obscure at this time, and the findings presented in this review should only be considered relevant for juvenile males.

Both underreporting and measurement variation need to be considered when interpreting findings presented in this review of recidivism research. Recognizing that the observed recidivism rates for juveniles who commit sexual offenses are not true reoffense rates will help ensure that risk to public safety is not underestimated. Understanding how differences across research studies may impact recidivism findings can also assist policymakers and practitioners in avoiding interpretation errors and in identifying the most appropriate intervention strategies.

Summary of Research Findings

Empirical data on the recidivism rates of juveniles who commit sexual offenses come from two broad categories of research: single studies and meta-analyses. Single studies typically examine the recidivism rates of a group of juveniles at the end of one or more specified follow-up periods using one or more recidivism measures. Meta-analyses, on the other hand, examine the results of many different individual studies to arrive at an overall conclusion about a particular issue, such as the likelihood of recidivism. They employ statistical procedures that effectively combine the results of many single studies into one large study that includes all of the single studies and subjects. This approach helps the analyst overcome problems in single studies created by small sample sizes and the use of different recidivism measures or follow-up periods. Findings from both single studies and meta-analyses are presented below.

Pre-1980s Single Studies

As noted, little was known about juveniles who commit sexual offenses prior to the mid-1980s, as little attention and arguably even less research were focused on this population. However, a handful of studies undertaken many years ago suggested that the recidivism rates of juveniles who commit sexual offenses were extremely low. One such study from the 1940s reviewed the recidivism rates of juveniles who commit sexual offenses without ($n = 108$) and with ($n = 146$) concurrent histories of nonsexual offenses. Those without a

history of nonsexual offenses have been referred to as “exclusive offenders” or “specialists,” and those with a history of nonsexual offenses have been referred to as “mixed offenders” or “generalists.” The study found rates of recidivism, as defined as a sexual rearrest, of 2 percent for the exclusive juveniles and 10 percent for the mixed juveniles (Doshay, 1943, as cited in Schram, Milloy & Rowe, 1991).

A second pre-1980 study focused on juveniles aged 7–16 seen by the Toronto Juvenile Court between 1939 and 1948 ($n = 116$). Juvenile males who committed sexual offenses were returned to court for a new general criminal charge at a 41-percent rate (3 percent for sexual recidivism), as compared to a 55-percent rate of return to court for juveniles who committed nonsexual offenses (Atcheson & Williams, 1954).

Historical Studies of Adult Sexual Offenders: Sexual History Interviews

As noted, very few studies focused on juveniles who commit sexual offenses were undertaken prior to the 1980s, and very little attention arguably was paid to this population by juvenile justice policymakers and practitioners. That all began to change, however, when a series of retrospective studies based on sexual history interviews with adult sex offenders was conducted in the late 1970s and early '80s. In these studies, adult sex offenders self-reported a significant, previously unidentified history of sexual offending, which included sexual offending as a juvenile. For example, 24 to 75 percent of the adult sex offenders reported committing sexual offenses that were unidentified by authorities and 24 to 36 percent reported sexual offending that began when the respondent was a juvenile. In one of the studies (Longo & Groth, 1983), adult sexual offenders reported a juvenile history of indecent exposure and voyeurism, suggesting that juveniles who commit less severe sex crimes can progress to committing more serious adult sex offenses. Despite their limitations, these studies played a significant role in shifting policy and practice. Juveniles who commit sexual offenses began to be viewed as budding adult sex offenders, and efforts to intervene with this population began to be based on the assumption that they were fundamentally similar to adults who were engaged in sex offending behavior (see, for example, Groth, 1977; Groth, Longo & McFadin, 1982; Longo & Groth, 1983; Marshall, Barbaree & Eccles, 1991).

Practitioners and policymakers arguably misinterpreted findings from retrospective studies of adult sexual offenders by assuming that most juveniles who commit sexual offenses will continue to commit sexual offenses as adults if left unchecked. What was missing at that time was a forward-looking perspective that began with juveniles who commit sexual offenses and that examined the proportion of juveniles who commit sexual offenses who go on to recidivate later in life (examining their rates and patterns of recidivism later in life). However, the information presented above is exclusively focused on those who did report this progression from juvenile to adult sexual offenders and did not study those juveniles who did not engage in adult sexual offending. Further, no prospective recidivism data are offered on the adult sexual offenders in these studies, so much appeared to be unknown about the impact of juvenile sexual offending at that time. This outcome is an example of how studies can be misinterpreted and lead to inaccurate policies. As a result of these data, however, the assumption that juveniles who commit sexual offenses are the same as adult sexual offenders would become the subject of debate and study over the next two decades.

Prospective National Youth Sample That Included Juveniles Who Commit Sexual Offenses

The National Youth Survey is an ongoing longitudinal study that began in 1976. The study has followed over time a nationally representative sample of 1,725 youth aged 11–17 in 1976, surveying them about their behaviors, attitudes and beliefs regarding various topics, including violence and offending. Members of the original study sample are now adults, and both they and their family members have been surveyed in recent waves of the study; hence, the study is now called the National Youth Survey Family Study.

In the 1992 survey wave (the latest for which relevant sexual offending data were collected), 6 percent of the sample reported having committed a sexual assault ($n = 90$), which was defined as youth who reported one sexual assault during the initial first three waves of data collection, and 2 percent of the sample reported having committed a serious sexual assault ($n = 41$), which was defined as youth who reported two or more sexual assaults during the same time frame. In addition, 70 percent of those acknowledging a sexual offense reported the onset to have been prior to age 18. It should be noted that only 3 percent of the sexual assaulters, as defined above, reported being arrested for the crime, while 10 percent of the serious sexual assaulters, as defined above, reported being arrested. In terms of recidivism, 58 percent of those youth committing a sexual assault reported committing a subsequent sexual assault. Of the serious sexual assaulters, 78 percent reported committing another serious sexual assault. The rate of general reoffense was reported at 99 percent for those youth who committed a sexual offense. Finally, in terms of adult sexual assaults, 10 percent of those who committed a sexual assault as a juvenile also committed an adult sexual offense, while 17 percent of those who committed a serious sexual assault as a juvenile also committed an adult sexual offense (Grotspeter & Elliott, 2002).

While this research provides valuable insights about both the extent of sexual offending within the juvenile population and the recidivism of juveniles who commit sexual offenses, it is important to keep the following in mind when interpreting the study's findings:

- The data produced in the study are based on self-reports.
- The juveniles who reported sexual reoffenses were generally not subject to juvenile justice system intervention; therefore, the impact of such a mediating factor on sexual recidivism is unknown.

Large-Scale Systematic Reviews, Including Meta-Analyses

As mentioned, meta-analysis is a statistical technique that allows the analyst to synthesize the results of many individual studies. One feature of meta-analysis that is helpful for studying recidivism is its ability to generate an average recidivism rate based on a large number of offenders pooled from many different studies. Findings from four relevant meta-analyses of recidivism studies are presented below.

The first meta-analysis synthesized findings from 79 studies involving 10,988 study subjects overall. The studies were undertaken between 1943 and 1996. The overall sample consisted of 1,025 juveniles who had committed a sexual offense. The average sexual recidivism rate for juveniles who had committed sexual offenses was 5 percent for those studies with one year of follow up, 22 percent for those studies with three years of follow up and 7 percent for those studies with five or more years of follow up (Alexander, 1999).

A second meta-analysis involved nine studies and 2,986 subjects, all of whom were juveniles who had committed a sexual offense. The vast majority of study subjects (2,604) were male. Based on an average follow-up period of 59 months, the study found a sexual recidivism rate of 13 percent, a nonsexual violent recidivism rate of 25 percent and a nonsexual and nonviolent recidivism rate of 29 percent for study subjects (Reitzel & Carbonell, 2006).

The third meta-analysis reviewed involved 63 studies and a combined sample of 11,219 juveniles who committed sexual offenses. Recidivism was measured over a mean follow-up period of 59 months. The study found a weighted mean sexual recidivism rate of 7 percent and a weighted mean general recidivism rate of 43 percent for study subjects (Caldwell, 2010).

The final meta-analysis included both juvenile and adult studies (29 total studies with all but two including a comparison group), and a total of 4,939 treated male offenders and 5,448 untreated male offenders. The

results indicated that treated offenders had a significantly lower rate of sexual and general recidivism (10 and 33 percent, respectively) as compared to untreated offenders (14 and 41 percent, respectively) over an average 5.9-year follow-up period.¹ It should be noted that of the 29 studies, only five involved adolescents, while the specific population (adult or juvenile) was unclear in 10 studies, and aggregate recidivism data across the entire sample, including specifically for adolescents, was not presented (Schmucker & Losel, 2015).

Single Studies

A number of single studies have examined the recidivism rates of juveniles who have committed a sexual offense. These studies have focused on offender populations from various intervention settings. In some studies, for example, the subjects have been released from a correctional institution or residential placement; in others, the subjects have been on community supervision. Since these variations in settings may reflect differential levels of risk for recidivism among study subjects, this review reports findings from studies focused on juveniles released from an institutional placement separately from those derived from studies focused on juveniles released from a community-based setting.

Rather than presenting findings and study characteristics in narrative form, tables are used to summarize key features of each study's sample and to present sexual and general recidivism rate findings.² Many, but not all, of the studies identified the gender of sample members (the tables note gender if identified in the study). Keep in mind that many of the studies summarized in these tables do not provide detailed information about the type of intervention used, the risk level of the sample, the ages of sample members and other contextual factors that are needed to make cross-study comparisons and to properly interpret recidivism results. These contextual factors can help explain variations in reported recidivism rates often found across different studies. Hence, caution is urged when making cross-study comparisons or when drawing inferences from the data.

Correctional or Residential Intervention Settings

Table 3-1 presents key characteristics and findings from eight studies that examined the recidivism rates of juveniles who committed sexual offenses and who were released from correctional and residential settings. Some researchers have questioned whether juveniles placed in residential or correctional intervention and treatment settings are a higher risk population than juveniles in community-based settings. However, risk was not typically quantified in most of the single studies reviewed. Therefore, it cannot necessarily be assumed that the studies in Table 3-1 focused exclusively on high-risk subjects.

Table 3-1. Recidivism Rates for Juveniles Who Committed Sexual Offenses and Were Released From Correctional or Residential Settings

Sample Size	Year of Release or Offense	Follow-up Period	Sexual Recidivism (%)	General Recidivism (%)	Study Authors
197 males	1984	5 years	12 (rearrest)	51 (rearrest)	Schram, Milloy & Rowe, 1991 ^a
21 males	1990–2003	As of December 2005	38 (reconviction)	71 (reconviction)	Milloy, 2006 ^b
256 juveniles	1992–1998	5 years	5 (rearrest)	53 (rearrest)	Waite et al., 2005 ^c
86 males	1993–1995	4 years	8 (rearrest)	47 (rearrest)	Miner, 2002
319 (305 males and 14 females)	1995–2002	5 years	9 (reconviction)	60 (reconviction)	Barnoski, 2008 ^d
22 juveniles	2001	5 years	41 (rearrest)	77 (rearrest)	Rodriguez-Labarca & O'Connell, 2007 ^e

Table 3-1. Recidivism Rates for Juveniles Who Committed Sexual Offenses and Were Released From Correctional or Residential Settings (continued)

Sample Size	Year of Release or Offense	Follow-up Period	Sexual Recidivism (%)	General Recidivism (%)	Study Authors
104 (103 males and 1 female)	2004	3 years	2 (reincarceration for any new offense or technical violation)	23 (reincarceration for any new offense or technical violation)	Garner, 2007
110 juveniles	2001	1 year	0 (rearrest)	38 (rearrest)	Maryland Department of Juvenile Services, 2007 ^f

^a The researchers noted that the greater risk was during the first year post-treatment when sample members were still juveniles. It was also noted that juveniles in institutional settings were more likely to recidivate than those in the community.

^b This study focused on youth who were discharged from their sentence and referred for civil commitment evaluation based on risk and dangerousness, but who were ultimately not committed.

^c Juveniles in this study were specifically identified as high risk.

^d Forty-one of these juveniles were classified as higher risk (level III), while 278 were classified as lower risk (levels I and II) via registration status assessment. The sexual recidivism rate for the higher risk juveniles was 12 percent while the sexual recidivism rate for the lower risk juveniles was 9 percent.

^e Juveniles in this study were determined to be high risk.

^f Between 4 and 5 percent of the juveniles were recommitted to the juvenile justice system, but none were incarcerated in the adult criminal justice system.

Overall, the reported rates of recidivism for juveniles released from a correctional or residential setting varied considerably across studies. Sexual recidivism rates ranged from a low of 0 percent after one year of follow up to a high of 41 percent after five years of follow up, while general recidivism rates ranged from 23 percent (based on reincarceration) after three years of follow up to 77 percent after five years of follow up. It is unclear whether the juveniles in these studies were also provided treatment, but most correctional and residential programs provide treatment.

Community-Based Intervention Settings

Table 3-2 presents key characteristics and findings from 13 studies that examined the recidivism rates of juveniles who committed sexual offenses and who were in community-based settings. Again, risk was not typically quantified in most of the single studies reviewed; therefore, it cannot automatically be assumed that the following studies involve subjects who are exclusively low risk.

Table 3-2. Recidivism Rates for Juveniles Who Committed Sexual Offenses and Were Released From Community-Based Settings

Sample Size	Follow-up Period	Sexual Recidivism (%)	General Recidivism (%)	Study Authors
220 males	55 months	15 (rearrest)	51 (rearrest)	Gretton et al., 2001 ^a
155 males	Unknown	3 (reconviction)	19 (reconviction)	Lab, Shields & Schondel, 1993
75 juveniles	1 year	4 (reconviction)	7 (reconviction)	Prentky et al., 2000
170 (167 males and 3 females)	5 years ^b	14 (readjudication)	54 (readjudication)	Rasmussen, 1999
122 males	18 years	4 (rearrest)	N/A	Seabloom et al., 2003
112 males	29 months	14 (rearrest)	35 (rearrest)	Smith & Monastersky, 1986
300 males	3–6 years after age 18	4 (rearrest)	53 (rearrest)	Vandiver, 2006

Table 3-2. Recidivism Rates for Juveniles Who Committed Sexual Offenses and Were Released From Community-Based Settings (continued)

Sample Size	Follow-up Period	Sexual Recidivism (%)	General Recidivism (%)	Study Authors
366 juveniles	18–35 months	4 (rearrest)	31–51 (rearrest)	Wiebush, 1996 ^c
266 juveniles	18 months	1 (reconviction)	17 (reconviction)	Barnoski, 1997
303 males	7 years	25 (rearrest)	79 (rearrest)	Nisbet, Wilson, & Smallbone, 2005 ^d
46 (44 males and 2 females)	5 years	20 (reconviction)	65 (reconviction)	Langstrom & Grann, 2000 ^e
359 males	10 years	12 (reconviction)	53 (reconviction)	Rojas & Gretton, 2007 ^f
148 (139 males and 9 females)	16 years	16 (rearrest)	N/A	Worling, Littlejohn & Bookalam, 2010 ^g

^a Juveniles with higher levels of psychopathy had significantly higher levels of sexual recidivism than juveniles with lower levels of psychopathy ($p < 0.05$).

^b This study followed juveniles who committed sexual offenses until they reached age 19.

^c The author looked at several different samples and did not report a general recidivism rate across all samples.

^d The authors noted that once the sample reached adulthood, the sexual recidivism rate was 9 percent and the general recidivism rate was 61 percent.

^e This study consisted of juveniles ages 15–20 in Sweden who received a court-ordered evaluation. Thus, the sample included both community-based and residential or correctional populations.

^f The authors compared Canadian aboriginal ($n = 102$) to nonaboriginal ($n = 257$) juveniles who committed sexual offenses and found that aboriginal youth had a significantly higher ($p < 0.01$) sexual recidivism rate (21 percent) than nonaboriginal youth (9 percent).

^g The authors noted that the adult sexual recidivism rate was 11 percent. In addition, the study found a nonsexual, violent recidivism rate of 32 percent; a nonviolent, nonsexual recidivism rate of 43 percent; and a recidivism rate of 49 percent for any crime (overall general recidivism was not specifically noted).

Again, the reported rates of recidivism vary across studies. Sexual recidivism rates for the juveniles released from a community-based setting ranged from a low of 1 percent (based on reconviction) after 18 months of follow up to a high of 25 percent after seven years of follow up, while general recidivism rates ranged from a low of 7 percent (based on reconviction) after 1 year of follow up to a high of 79 percent after seven years of follow up. These reported rates of recidivism do not vary greatly from the rates of recidivism found for those juveniles released from correctional and residential settings. Interestingly, a similar pattern is discernible in the recidivism rates found for juveniles from different intervention settings by Alexander (1999) in her meta-analysis. In that study, a sexual recidivism rate of 6 percent was found for juveniles from community-based supervision settings (e.g., probation), a rate of 7 percent was found for juveniles from prison and a rate of 9 percent was found for juveniles from hospital settings (Alexander, 1999).

Although it is difficult to base firm conclusions on these data, the relative similarity in observed recidivism rates found across different intervention settings indirectly suggests that 1) the risk levels of youth from different settings may not be appreciably different, and therefore 2) appropriate intervention placement based on assessed risk may not have been occurring at the time these studies were undertaken. Given the importance of reserving more intensive interventions and services for high-risk offenders, these hypotheses and their relevance for contemporary sex offender management practice arguably should be tested more directly and rigorously.

Juveniles Who Commit Sexual Offenses, by Victim Type

Some recidivism studies that have focused on juveniles who have committed a sexual offense have differentiated offenders who victimize younger children (child molestation) from those who victimize peers or adults (rape). Table 3-3 presents key characteristics and findings from seven studies that examined the recidivism rates of juveniles who committed rape and/or child molestation.

Table 3-3. Recidivism Rates for Juveniles Who Committed Rape and/or Child Molestation Offenses

Sample Size	Follow-up Period	Sexual Recidivism (%)		General Recidivism (%)		Study Authors
		Child Molestation	Rape	Child Molestation	Rape	
223 males	4.3 years	6 (new charge)	2 (new charge)	33 (new charge)	46 (new charge)	Aebi et al., 2012*
176 males	1 & 2 years	0 (rearrest)	3 (rearrest)	8 (rearrest)	30 (rearrest)	Faniff & Kolko, 2012*
100 males	2–5 years	8 (reconviction)	10 (reconviction)	38 (reconviction)	54 (reconviction)	Hagan & Cho, 1996*
50 males	10 years	N/A	16 (reconviction)	N/A	90 (reconviction)	Hagan & Gust-Brey, 1999
150 males	8 years	20 (reconviction)	16 (reconviction)	N/A	N/A	Hagan et al., 2001
296 males	5 years	8 (rearrest)	1 (rearrest)	41 (rearrest)	46 (rearrest)	Kemper & Kistner, 2007
156 males	134 months	4	10	32	28	Parks & Bard, 2006

* The differences were not statistically significant.

Although it is difficult to draw firm conclusions from the data, there does not appear to be a significant difference in the rate of either sexual or general recidivism between juveniles who commit sexual offenses against peer or adult victims and those who commit sexual offenses against child victims, based on the results of these studies. It is interesting to note, however, that Alexander’s (1999) meta-analysis of earlier studies produced somewhat similar findings. Alexander found an average sexual recidivism rate of 6 percent for those juveniles who commit rape and an average sexual recidivism rate of 2 percent for those who molested a child — a difference that was not statistically significant.

Research has not found a significant difference in sexual recidivism between juveniles who commit sexual offenses against peer or adult victims and those who commit sexual offenses against child victims.

Juveniles Who Commit Sexual and Nonsexual Offenses

Studies have also compared the recidivism rates of juveniles who have committed sexual offenses exclusively (specialists) with those of juveniles who have either committed both sexual and nonsexual/general offenses (generalists), or those who have only committed nonsexual, general offenses. Table 3-4 presents the key characteristics and findings of Chu and Thomas’ (2010) study that reported comparative recidivism data for specialists and generalists. This is one of the few recent studies reporting this type of data found in the literature. Table 3-5 presents key characteristics and findings from eight studies that reported comparative recidivism data for juveniles who committed sexual offenses and juveniles who committed nonsexual, general offenses.

Table 3-4. Recidivism Rates for Juveniles Who Committed Sexual Offenses Exclusively (Specialists) and Those Who Committed Sexual and Nonsexual Offenses (Generalists)

Sample Size	Follow-up Period	Sexual Recidivism (%)		General Recidivism (%)		Study Authors
		Specialists	Generalists	Specialists	Generalists	
156 males	57–68 months	10 (reconviction)	14 (reconviction)	24 (reconviction)	46 (reconviction)	Chu & Thomas, 2010

Note: The difference in the sexual recidivism rate between specialists and generalists is not statistically significant, but the difference in the general recidivism rate (any recidivism) between the two groups is statistically significant ($p < 0.01$).

Table 3-5. Recidivism Rates for Juveniles Who Committed Sexual Offenses and Those Who Committed Nonsexual, General Offenses

Sample Size	Follow-up Period	Sexual Recidivism (%)		General Recidivism (%)		Study Authors
		Sexual Offenses	General Offenses	Sexual Offenses	General Offenses	
150 males	8 years	18 (reconviction)	10 (reconviction)	N/A	N/A	Hagan et al., 2001 ^a
110 juveniles	33 months	2	0	32	16	Brannon & Troyer, 1991
2,029 males	5 years	7 (charge)	6 (charge)	74 (charge)	80 (charge)	Caldwell, 2007 ^b
166 juveniles	2 years	0 (reconviction)	3 (reconviction)	0 (reconviction)	19 and 33 (reconviction)	Calley, 2012 ^c
1,645 juveniles	4 years	2 (charge)	3 (charge)	N/A	N/A	Letourneau, Chapman, & Schoenwald, 2008 ^d
256 males	3 years	0 (reconviction)	1 (reconviction)	44 (reconviction)	58 (reconviction)	Milloy, 1994 ^e
306 males	6 years	10 (rearrest)	3 (rearrest)	32 (rearrest)	44 (rearrest)	Sipe, Jensen, & Everett, 1998 ^f
3,129 males	4–14 years after adulthood	9 (rearrest)	6 (rearrest)	N/A	N/A	Zimring, Piquero, & Jennings, 2007 ^g

^a The difference was statistically significant ($p > 0.05$).

^b The difference in sexual recidivism was not statistically significant, but the difference in general recidivism was statistically significant ($p > 0.01$).

^c The general offender group consisted of substance abusing juveniles and general juvenile offenders, and the recidivism rates are reflected for each comparison group (19 and 33 percent respectively). The difference in general recidivism was statistically significant between juveniles who commit sexual offenses as compared to substance abusing and general juvenile offenders ($p = 0.8444$ and 0.4002 , respectively).

^d The difference was not statistically significant.

^e The differences were not statistically significant.

^f The difference for sexual recidivism was statistically significant ($p > 0.04$), but the general recidivism rate was not significant.

^g The difference was not statistically significant. The researchers concluded that the number of juvenile police contacts was far more predictive of future adult sex offenses.

In the Chu and Thomas (2010) study comparing specialists and generalists, no significant difference in sexual recidivism was found between the two groups. However, generalists had a significantly higher rate of general recidivism than specialists. In fact, their rates of both violent and nonviolent recidivism were also significantly higher than the rate for specialists.

On the other hand, comparisons involving juveniles who commit sexual offenses with those who commit nonsexual, general offenses produced mixed results. Some studies found that juveniles who commit sexual

offenses had significantly higher rates of sexual and general recidivism than their general-offending juvenile counterparts, while others did not. Given the inconsistent findings, it is difficult to draw conclusions about the propensity of one group to recidivate relative to the other.

Continuity of Sexual Offending into Adulthood

Two recent studies have attempted to identify future adult sexual offending by juveniles who commit sexual offenses, given the 1980s concern for the connection between the two based upon the historical sexual history interviews of adult sex offenders. In a retrospective study of 493 adult sex offenders (465 of whom were adult-only offenders, and 28 of whom were continuity from juvenile to adult offenders), the following risk factors were some of those found to be significant for continuity offending: having mental health problems, having sexually assaulted a child, having both male and female victims and most notably having nonsexual offending. Finally, continuity offenders were significantly more likely (224 percent) to have a post-release sexual reoffense³ (Beaudry-Cyr et al., 2015).

In a study of 498 Dutch juveniles who committed hands-on sexual offenses over a 14-year average follow up, approximately 10 percent ($n = 52$) were considered high-rate, slow-desistance offenders who continued to offend into adulthood (50 percent reoffended as juveniles and 60 percent reoffended as adults), while 446 juveniles were considered adolescent-limited offenders with a cessation of sexual offending by early adulthood (Lussier et al., 2012).

These two studies have attempted to differentiate those juveniles whose sexual offending is limited to their juvenile years from those whose offending continues into adulthood. This research is important in better identifying those juveniles who may be in need of more intensive interventions that are typically reserved for adult sex offenders. However, additional research is needed to prospectively identify juveniles who appear to be continuity or high-rate, slow-desistance offenders, and compare their rates of sexual recidivism to adolescent limited or adult only offenders.

Summary

Drawing sound conclusions about the recidivism rates of juveniles who commit sexual offenses can be difficult due to a number of factors. Since many sex offenses are never reported to law enforcement or cleared by arrest, the observed recidivism rates of juveniles remain underestimates of actual reoffending. Measurement variation across studies, small sample sizes, short follow-up periods and missing information about the characteristics of the sample studied and the interventions study subjects were exposed to make it difficult to draw definitive conclusions from the available data. Still, findings from recent research provide important insights regarding the sexual and general recidivism rates of juveniles who commit sexual offenses. Key conclusions that can be drawn from the empirical evidence are outlined below:

- **The observed sexual recidivism rates of juveniles who commit sexual offenses range from about 7 to 13 percent after 59 months, depending on the study.** Although the sexual recidivism rates reported in single studies tend to vary significantly because different methods and follow-up periods are employed across studies, findings from meta-analyses suggest that juveniles who commit sexual offenses have a sexual recidivism rate ranging from 7 to 13 percent after 59 months, depending on the recidivism measure employed. In addition, there is empirical evidence indicating that the percentage of juveniles who commit sexual offenses who go on to sexually offend as adults is similar. Hence, policies and practices designed to address juvenile sexual offending should recognize that the potential for desistance prior to adulthood is substantial.

- **Recidivism rates for juveniles who commit sexual offenses are generally lower than those observed for adult sexual offenders.** For example, in a 2004 meta-analysis, Harris and Hanson found average sexual recidivism rates for adult offenders of 14 percent after a five-year follow-up period, 20 percent after a 10-year follow-up period and 24 percent after a 15-year follow-up period (Harris & Hanson, 2004). Hence, recidivism data suggest that there may be fundamental differences between juveniles who commit sexual offenses and adult sexual offenders, particularly in their propensity to sexually reoffend. **Given the above, the national experts at the SOMAPI forum recommended that policymakers and practitioners not equate the two groups.**

Observed sexual recidivism rates range from about 7 to 13 percent. These rates are generally lower than the rates observed for adult sex offenders.

- **A relatively small percentage of juveniles who commit a sexual offense will sexually reoffend as adults.** The message for policymakers is that juveniles who commit sexual offenses are not the same as adult sexual offenders, and that all juveniles who commit a sexual offense do not go on to sexually offend later in life. Some preliminary studies have begun to attempt to identify this high-risk juvenile population and further study is needed.
- **Juveniles who commit sexual offenses have higher rates of general recidivism than sexual recidivism.** Although this basic recidivism pattern would naturally be expected to occur, the magnitude of the difference found in research is somewhat striking. It suggests that juveniles who commit sexual offenses may have more in common with other juveniles who commit delinquent acts than with adult sexual offenders, and interventions need to account for the risk of general recidivism. However, policymakers and practitioners should also keep in mind that nonsexual offenses are more likely than sexual offenses to be reported to law enforcement, and that some crimes legally labeled as nonsexual in the criminal histories of sex offenders may indeed be sexual in their underlying behavior.

Juveniles who commit sexual offenses have higher rates of general recidivism than sexual recidivism.

Although recent research provides important insights about the recidivism rates of juveniles who sexually offend, significant knowledge gaps and unresolved controversies remain. Variations across studies in the age and risk levels of sample members, the intervention setting, the operational definition of recidivism, the length of the follow-up period employed and other measurement factors continue to make cross-study comparisons of observed recidivism rates difficult. Interpreting disparate findings and their implications for policy and practice also remains a challenge.

While the operational definitions and follow-up periods employed in recidivism research for juveniles who commit sexual offenses will largely be dictated by the available data, the SOMAPI forum participants identified the need for recidivism studies that produce more readily comparable findings. Studies employing follow-up periods that are long enough to capture sexual and nonsexual recidivism during adulthood are also needed. Future research should also attempt to build a stronger evidence base on the differential recidivism patterns of different types of juveniles who commit sexual and/or nonsexual offenses, and what specific interventions

might be effective with a given population. (Research on the effectiveness of treatment for juveniles who commit sexual offenses is reviewed in Chapter 5 of the Juvenile section). Finally, recidivism research on juvenile females who commit sexual offenses is greatly needed.

SOMAPI forum participants also identified the need for more policy-relevant research on the absolute and relative risks that different types of juveniles who commit sexual offenses pose. The literature to date on recidivism for this population has thus far been unable to decisively identify the specific risk posed by juveniles and its meaning for public safety policy. There is little question that policies and practices aimed at the reduction of recidivism would be far more effective and cost-beneficial if they better aligned with the empirical evidence; however, bridging the gap is plagued by both measurement problems associated with true rates of reoffending and the tendency on the part of policymakers and members of the public to equate juveniles with adult sexual offenders even though the current research does not support this conclusion.

Given the above, the SOMAPI forum participants offered the following recommendations:

- 1. Juveniles who commit sexual offenses should not be labeled as sexual offenders for life.** The recidivism research suggests that most juveniles do not continue on to commit future juvenile or adult sexual offenses. Therefore, labeling juveniles as sex offenders legally or otherwise — particularly for life — is likely to result in harm for many juveniles without a commensurate public safety benefit. The empirical evidence suggests that sexual offending prior to age 18 is not necessarily indicative of an ongoing and future risk for sexual offending. Moreover, the unintended but nevertheless harmful effects of inappropriate labeling have repeatedly been identified in other research.
- 2. All policies designed to reduce sexual recidivism for juveniles who commit sexual offenses should be evaluated in terms of both their effectiveness and their potential iatrogenic effects on juveniles, their families and the community.** Evaluations using scientifically rigorous research designs that examine the intended and unintended effects of policies and interventions aimed at juveniles who sexually offend should be undertaken and adequately funded.
- 3. Intervention policies should be individualized based on the unique risk and needs of each juvenile who commits a sexual offense. One-size-fits-all policies should be avoided.** Juveniles who sexually offend are a heterogeneous population, and intervention strategies aimed at this population should be similarly diverse. Some juveniles who commit sexual offenses certainly warrant management and treatment using methods similar to adult sexual offenders, but others may not be responsive to such methods.
- 4. Intervention efforts should be concerned with preventing both sexual recidivism and general recidivism.** Juveniles who sexually offend are more likely to recidivate with a nonsexual rather than a sexual offense. Hence, treatment and supervision efforts should be concerned with both types of reoffending.
- 5. Sex offender management policies commonly used with adult sex offenders should not automatically be used with juveniles who commit sexual offenses. Empirical evidence concerning both the effectiveness and potential unintended consequences of policies (such as residence restrictions, polygraph and GPS monitoring) should be carefully considered before they are applied to juvenile populations.** The effectiveness of these policies with adult sex offenders remains questionable, and there is even less empirical evidence suggesting that they work with juveniles. Jurisdictions should carefully consider the empirical evidence and weigh the costs and benefits for all stakeholders before any of the above management strategies are expanded or applied with juveniles. Research has begun to show that fundamental differences exist between juveniles who commit sexual offenses and adult sexual offenders, and that juveniles who sexually offend may have more in common with juveniles who commit nonsexual offenses. This information should be used by policymakers and practitioners to develop rehabilitation and management strategies that are effective, appropriate and fair.

Notes

1. $p < 0.01$.

2. In this chapter's tables, general recidivism reflects all identified nonsexual recidivism in the study. However, general recidivism rates may or may not include all nonsexual crimes, as some studies only counted certain types of nonsexual crimes when calculating the general recidivism rate. In addition, some juveniles may be counted twice as general recidivists, as they may have new criminal offenses in multiple categories (e.g., violent, nonsexual; nonviolent, nonsexual; any crime). The recidivism columns of these tables generally note what the recidivism rate was based on (e.g., rearrest, reincarceration); the "reconviction" label includes 1) readjudication as a juvenile or reconviction as an adult or 2) recommitment as a juvenile or reincarceration as an adult in conjunction with readjudication or reconviction.

3. $p < 0.01$.

References

Aebi, M., Vogt, G., Plattner, B., Steinhausen, H.C. & Bessier, C. (2012). Offender types and criminality dimensions in male juveniles convicted of sexual offenses. *Sexual Abuse: A Journal of Research and Treatment*, 24(3), 268–288.

Alexander, M.A. (1999). Sexual offenders treatment efficacy revisited. *Sexual Abuse: A Journal of Research and Treatment*, 11(2), 101–116.

Atcheson, J.D. & Williams, D.C. (1954). A study of juvenile sex offenders. *American Journal of Psychiatry*, 111, 366–370.

Bachman, R. (1998). Factors related to rape reporting behavior and arrest: New evidence from the National Crime Victimization Survey. *Criminal Justice and Behavior*, 25, 8–29.

Barnoski, R. (2008). *Assessing the Risk of Juvenile Sex Offenders Using the Intensive Parole Sex Offender Domain*. Olympia, WA: Washington State Institute for Public Policy. Retrieved from: www.wsipp.wa.gov/ReportFile/1012/Wsipp_Assessing-the-Risk-of-Juvenile-Sex-Offenders-Using-the-Intensive-Parole-Sex-Offender-Domain_Full-Report.pdf.

Barnoski, R. (1997). *Washington State Juvenile Court Recidivism Estimates: Fiscal Year 1994 Youth*. Olympia, WA: Washington State Institute for Public Policy. Retrieved from: www.wsipp.wa.gov/ReportFile/1259/Wsipp_Washington-State-Juvenile-Court-Recidivism-Estimates-Fiscal-Year-1994-Youth_Full-Report.pdf.

Beaudry-Cyr, M., Jennings, W.G., Zgoba, K. & Tewksbury, R. (2015). Examining the Continuity of Juvenile Sex Offending into Adulthood and Subsequent Patterns of Sex and General Recidivism. *International Journal of Offender Therapy and Comparative Criminology*. pii: 0306624X15594442. [Epub ahead of print]

Brannon, J.M. & Troyer, R. (1991). Peer group counseling: A normalized residential alternative to the specialized treatment of adolescent sex offenders. *International Journal of Offender Therapy and Comparative Criminology*, 35, 225–234.

Caldwell, M.F. (2007). Sexual offense adjudication and sexual recidivism among juvenile offenders. *Sexual Abuse: A Journal of Research and Treatment*, 19, 107–113.

- Caldwell, M.F. (2010). Study characteristics and recidivism base rates in juvenile sex offender recidivism. *International Journal of Offender Therapy and Comparative Criminology*, 54(2), 197–212.
- Calley, N.G. (2012). Juvenile Offender Recidivism: An Examination of Risk Factors. *Journal of Child Sexual Abuse*, 21, 257-272.
- Chu, C.M. & Thomas, S.D.M. (2010). Adolescent sexual offenders: The relationship between typology and recidivism. *Sex Abuse: A Journal of Research and Treatment*, 22, 218–233.
- Doshay, L.J. (1943) *The Boy Sex Offender and His Later Career*. Montclair, NJ: Patterson Smith.
- Faniff, A.M. & Kolko, D.J. (2012). Victim age-based subtypes of juveniles adjudicated for sexual offenses: Comparisons across domains in an outpatient sample. *Sex Abuse: A Journal of Research and Treatment*, 24, 224.
- Garner, A. (2007). *Juvenile Recidivism 2007*. Indianapolis, IN: Indiana Department of Correction. Retrieved from: www.in.gov/idoc/files/2007JuvRecidivismRpt.pdf.
- Gretton, H.M., McBride, M., Hare, R.D., O’Shaughnessy, R. & Kumka, G. (2001). Psychopathy and recidivism in adolescent sex offenders. *Criminal Justice and Behavior*, 28(4), 427–449.
- Groth, A.N. (1977). The adolescent sexual offender and his prey. *International Journal of Offender Therapy and Comparative Criminology*, 21, 249–254.
- Groth, A.N., Longo, R.E. & McFadin, J.B. (1982). Undetected recidivism among rapists and child molesters. *Crime and Delinquency*, 28, 450–458.
- Grotpeter, J.K. & Elliott, D.S. (2002). *Violent Sexual Offending*. Boulder, CO: Center for the Study and Prevention of Violence, Institute of Behavioral Science.
- Hagan, M.P. & Cho, M.E. (1996). A comparison of treatment outcomes between adolescent rapists and child sexual offenders. *International Journal of Offender Therapy and Comparative Criminology*, 40, 113–122.
- Hagan, M.P. & Gust-Brey, K.L. (1999). A ten-year longitudinal study of adolescent rapists upon return to the community. *International Journal of Offender Therapy and Comparative Criminology*, 43, 448–458.
- Hagan, M.P., Gust-Brey, K.L., Cho, M.E. & Dow, E. (2001). Eight-year comparative analyses of adolescent rapists, adolescent child molesters, other adolescent delinquents, and the general population. *International Journal of Offender Therapy and Comparative Criminology*, 45, 314–324.
- Harris, A.J.R. & Hanson, R.K. (2004). *Sex Offender Recidivism: A Simple Question 2004–03*. Ottawa, ON: Public Safety Canada.
- Kemper, T.S. & Kistner, J.A. (2007). Offense history and recidivism in three victim-age based groups of juvenile sex offenders. *Sexual Abuse: A Journal of Research and Treatment*, 19(4), 409–424.
- Lab, S.P., Shields, G. & Schondel, C. (1993). Research note: An evaluation of juvenile sexual offender treatment. *Crime and Delinquency*, 39, 543–553.
- Langstrom, N. & Grann, M. (2000). Risk for criminal recidivism among young sex offenders. *Journal of Interpersonal Violence*, 15, 855–871.

- Letourneau, E.J., Chapman, J.E. & Schoenwald, S.K. (2008). Treatment outcome and criminal offending by youth with sexual behavior problems. *Child Maltreatment, 13*, 133–44.
- Longo, R.E. & Groth, A.N. (1983). Juvenile sexual offenses in the histories of adult rapists and child molesters. *International Journal of Offender Therapy and Comparative Criminology, 27*, 150–155.
- Lussier, P., Van Den Berg, C., Bijleveld, C. & Hendricks, J. (2012). A Developmental Taxonomy of Juvenile Sex Offenders for Theory, Research, and Prevention. *Criminal Justice and Behavior, 29*(12), 1559-1581.
- Maltz, M.D. ([1984] 2001). *Recidivism*. Orlando, FL: Academic Press, Inc. Retrieved from: www.uic.edu/depts/lib/forr/pdf/crimjust/recidivism.pdf.
- Marshall, W.L., Barbaree, H.E. & Eccles, A. (1991). Early onset and deviant sexuality in child molesters. *Journal of Interpersonal Violence, 6*, 323–335.
- Maryland Department of Juvenile Services. (2007). *Second Task Force Report on Juvenile Sex Offenders*. Baltimore, MD: Maryland Department of Juvenile Services. Retrieved from: http://djs.state.md.us/pdf/second-task_force_report_on_juvenile_sex_offenders.pdf.
- Milloy, C.D. (1994). *A Comparative Study of Juvenile Sex Offenders and Non-Sex Offenders*. Washington State Institute for Public Policy. Olympia, WA: Washington State Institute for Public Policy. Retrieved from: www.wsipp.wa.gov/ReportFile/1165.
- Milloy, C.D. (2006). *Juvenile Sex Offenders Recommended for Commitment Under Washington's Sexually Violent Predator Law, Where No Petition Was Filed*. Olympia, WA: Washington State Institute for Public Policy. Retrieved from: www.wsipp.wa.gov/ReportFile/940/Wsipp_Juvenile-Sex-Offenders-Recommended-for-Commitment-Under-Washingtons-Sexually-Violent-Predator-Law-Where-No-Petition-Was-Filed_Full-Report.pdf.
- Miner, M. (2002). Factors associated with recidivism in juveniles: An analysis of serious juvenile sex offenders. *Journal of Research in Crime and Delinquency, 39*, 421–436.
- Nisbet, I.A., Wilson, P.H. & Smallbone, S.W. (2005). A prospective longitudinal study of sexual recidivism among adolescent sex offenders. *Sexual Abuse: A Journal of Research and Treatment, 16*, 223–234.
- Parks, G.A. & Bard, D.W. (2006). Risk factors for adolescent sex offender recidivism: Evaluation of predictive factors and comparison of three groups based upon victim type. *Sexual Abuse: A Journal of Research and Treatment, 18*, 319–342.
- Prentky, R., Harris, B., Frizzell, K. & Righthand, S. (2000). An actuarial procedure for assessing risk with juvenile sex offenders. *Sexual Abuse: A Journal of Research and Treatment, 12*, 71–93.
- Rasmussen, L.A. (1999). Factors related to recidivism among juvenile sex offenders. *Sexual Abuse: A Journal of Research and Treatment, 11*, 69–85.
- Reitzel, L.R. & Carbonell, J.L. (2006). The effectiveness of sexual offender treatment for juveniles as measured by recidivism: A meta-analysis. *Sexual Abuse: A Journal of Research and Treatment, 18*, 401–421.
- Rodriguez-Labarca, J. & O'Connell, J.P. (2007). *Recidivism of Delaware Juvenile Sex Offenders Released in 2001*. Dover, DE: State of Delaware Office of Management and Budget. Retrieved from: http://cjc.delaware.gov/pdf/recidivism_juvenile_2007.pdf.

- Rojas, E.Y. & Gretton, H.M. (2007). Background, offence, characteristics, and criminal outcomes of aboriginal youth who sexually offend: A closer look at aboriginal youth intervention needs. *Sexual Abuse: A Journal of Research and Treatment*, 19, 257–283.
- Schmucker, M. & Losel, F. (2015). The effects of sexual offender treatment on recidivism: an international meta-analysis of sound quality evaluations. *Journal of Experimental Criminology*, 11(4), 597-630.
- Schram, D.D., Milloy, C.D. & Rowe, W.E. (1991). *Juvenile Sex Offenders: A Follow-Up Study of Reoffense Behavior*. Olympia, WA: Washington State Institute for Public Policy. Retrieved from: www.wsipp.wa.gov/ReportFile/1139/Wsipp_Juvenile-Sex-Offenders-A-Follow-Up-Study-of-Reoffense-Behavior_Full-Report.pdf.
- Seabloom, W., Seabloom, M.E., Seabloom, E., Barron, R. & Hendrickson, S. (2003). A 14- to 24-year longitudinal study of a comprehensive sexual health model treatment program for adolescent sex offenders: Predictors of successful completion and subsequent criminal recidivism. *International Journal of Offender Therapy and Comparative Criminology*, 47, 468–481.
- Sipe, R., Jensen, E.L. & Everett, R.S. (1998). Adolescent sexual offenders grown up: Recidivism in youth adulthood. *Criminal Justice and Behavior*, 25, 109–24.
- Smith, W.R. & Monastersky, C. (1986). Assessing juvenile sex offenders' risk for reoffending. *Criminal Justice and Behavior*, 13, 115–140.
- Tjaden, P. & Thoennes, N. (2006). *Extent, Nature & Consequences of Rape Victimization: Findings From the National Violence Against Women Survey*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.
- Vandiver, D.M. (2006). A prospective analysis of juvenile male sex offenders: Characteristics and recidivism rates as adults. *Journal of Interpersonal Violence*, 21, 673–688.
- Waite, D., Keller, A., McGarvey, E.L., Wieckowski, E., Pinkerton, R. & Brown, G.L. (2005). Juvenile sex offender re-arrest rates for sexual, violent nonsexual and property crimes: A 10-year follow-up. *Sexual Abuse: A Journal of Research and Treatment*, 17, 313–331.
- Wiebush, R.G. (1996). *Juvenile Sex Offenders: Characteristics, System Response, and Recidivism, Final Report*. Washington, DC: National Council on Crime and Delinquency. Retrieved from: [www.ncjrs.gov/pdffiles1/ Digitization/166462NCJRS.pdf](http://www.ncjrs.gov/pdffiles1/Digitization/166462NCJRS.pdf).
- Worling, J.R., Littlejohn, M.A. & Bookalam, D. (2010). 20-year prospective follow-up study of specialized treatment for adolescents who offended sexually. *Behavioral Sciences and the Law*, 28, 46–57.
- Zimring, F.E., Piquero, A.R. & Jennings, W.G. (2007). Sexual delinquency in Racine: Does early sex offending predict later sex offending in youth and young adulthood? *Criminology and Public Policy*, 6(3), 507–534.

Chapter 4: Assessment of Risk for Sexual Reoffense in Juveniles Who Commit Sexual Offenses

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FINDINGS

- ◆ It has been strongly asserted in both juvenile and adult risk assessment contexts that actuarial assessment has the capacity to predict risk more accurately than clinical assessment; however, this contention is not universally accepted and many have noted that both assessment models have strengths and weaknesses. Despite this ongoing debate, it is generally recognized that the exercise of unaided professional judgment by mental health practitioners is not a reliable or accurate means for assessing the potential for future dangerous behavior.
- ◆ The goals of a comprehensive risk assessment process extend beyond the assessment of risk alone.
- ◆ Much of the literature on risk factors for juvenile sexual offending is theoretical and descriptive rather than the result of statistical research. Given these problems, it is not surprising that findings regarding risk factors vary considerably and are inconsistent across different studies. Despite these problems, the empirical research indicates that it is the presence and interaction of multiple risk factors, rather than the presence of any single risk factor alone, that is most important in understanding risk.
- ◆ Although there is a developing research base, the empirical evidence concerning the validity of commonly identified risk factors for juvenile sexual offending remains weak and inconsistent.
- ◆ Although some empirical support for the predictive validity of the J-SOAP-II, ERASOR and JSORRAT-II assessment tools can be found in the literature, the instruments do not perform in a manner that suggests or proves their ability to accurately predict juvenile sexual recidivism.
- ◆ Despite the apparent importance of protective factors, few of the instruments commonly used with juveniles incorporate protective factors and those that do either have no empirical support or are in development and have not yet been empirically validated.

Introduction

The assessment of sexual recidivism risk for juveniles who commit sexual offenses serves several purposes. The overall purpose is to estimate the risk of future sexual offending so that the most effective steps can be taken to reduce, contain or eliminate that risk. Hence, risk assessment essentially serves as an investigative tool that helps inform and guide various intervention, treatment and legal processes. (For more information on treatment, see Chapter 5: “Effectiveness of Treatment for Juveniles Who Sexually Offend,” in the Juvenile section.)

A risk assessment can be administered at different points once a juvenile is identified by authorities as the perpetrator of a sexual offense. An assessment can be administered during the intake screening process to inform and guide authorities as to the appropriate course of action. In the event of a referral to the court, an assessment can be administered prior to or during adjudication (or trial, when transfer to the adult criminal court occurs) to provide the court, its officers and other professionals with risk information that can be used in legal proceedings, as well as in decision-making regarding supervision or treatment. Finally, assessments may

be administered at the post-adjudication level to provide the court, its officers, correctional authorities and/or treatment professionals with information about risk that can be used in dispositional or sentencing hearings, as well as in decisions regarding institutional placement, community supervision or treatment. Of note, the point in the process at which an assessment is administered, as well as the purpose of the evaluation, may have significant impact on the risk evaluation. Within the context of treatment, risk assessment is typically used to set a baseline assignment of risk and to then periodically re-evaluate risk during treatment. In addition, the risk assessment process can be used to determine the type and intensity of treatment needed and to help define targets for treatment and case management. The risk assessment process can thus work hand in hand with the three principles of risk, need and responsivity that have increasingly come to hallmark individualized treatment planning and case management (Looman & Abracen, 2013; Yates, 2013).

Regardless of the purpose of risk assessment or the point at which it occurs, assessing risk involves making predictions about the likelihood of future behavior, which is an inherently difficult task under any circumstances. The process of risk assessment for juveniles who sexually offend is further complicated by the relatively low base rates¹ of sexual recidivism found among juveniles. Given these low base rates, the process of risk prediction can potentially result in type I errors, or false positive findings, in which risk is overestimated and low or lower-risk juveniles are incorrectly determined to be high-risk (Caldwell, 2013; Craig, Browne & Stringer, 2004; Wollert, 2006). Juvenile risk assessment is complicated even further by the ongoing development and maturation of youth. In short, juveniles vary and change over time in their physical development; cognitive, neurological and personality development; formation of attitudes and acquisition of information; and emotional and behavioral maturity (Rich, 2009; Steinberg, 2009, 2010; Steinberg & Scott, 2003; Zimring, 2004). Accordingly, risk assessment models and tools must account for these developmental factors in order to accurately estimate risk. Hence, Stockdale, Olver and Wong (2013) note that adolescent risk assessment instruments must be capable of capturing changes in risk that result from developmental changes, with or without treatment.

Whereas the process of juvenile risk assessment was once largely driven by adult risk assessment research and instrumentation, the field of juvenile risk assessment has largely developed in its own right over the past 15 or so years, and continues to do so. Like adult risk assessment, juvenile assessment has traditionally focused on the identification and assessment of factors within the individual that increase (and possibly predict) risk for sexual recidivism. Risk assessment for sexual recidivism — both juveniles and adult — has also traditionally focused on **static** risk factors that reflect historical behaviors and experiences related to sexual offending. Static risk factors are those that have previously occurred and will remain unaltered over time. Contemporary risk assessment, however, also includes a focus on **dynamic** risk factors. Dynamic risk factors are those associated with current behaviors, thoughts, feelings, attitudes, situations, interactions and relationships. So named because they are fluid and sometimes relational or situational, dynamic risk factors may thus change over time, particularly through some form of treatment. Dynamic risk factors are sometimes referred to as **criminogenic needs** because they contribute directly or indirectly to criminal behavior. Although the measurement and evaluation of one or both types of risk factors (static and dynamic) is central to the risk assessment process, focusing on dynamic risk factors is particularly important when treatment is provided because criminogenic needs provide targets for rehabilitative interventions (Beggs & Grace, 2011; Olver & Wong, 2009; Pedersen, Rasmussen & Elsass, 2010). In addition, both juvenile and adult risk assessment can also be used as a process by which to identify and assess risk factors, as well as protective factors, or those elements, strengths, supports and circumstances that mitigate risk for sexual recidivism, increasingly considered in contemporary juvenile risk assessment.

Given the importance of risk assessment in sex offender management and treatment, this chapter reviews the literature on the assessment of risk for sexual recidivism for juveniles who commit sexual offenses. It summarizes what is scientifically known about risk assessment for juveniles who sexually offend and presents key, up-to-date research findings on the defining features and predictive accuracy of commonly used assessment instruments.

When reading this chapter, it is important to keep the following in mind. First, while it is possible to describe the historical context and current state of juvenile risk assessment, there is ongoing controversy in the field about the best model to employ in risk assessment and the capacity of various models and instruments to accurately predict risk for sexual recidivism. Both of these issues will be discussed in detail. Second, although research on female juveniles who commit sexual offenses and preadolescent children who engage in sexually abusive and sexually troubled behavior is emerging, the existing knowledge base concerning juvenile risk assessment is primarily based on studies of adolescent males who commit sexual offenses. Little has changed in this regard, despite increased research on female juveniles, and no risk assessment instrument exists that is specifically designed to assess risk in the adolescent female population. The same continues to be true with respect to both understanding and estimating risk in children with sexual behavior problems, and the research stream for this population has not picked up in any noticeable manner. Accordingly, although much of the information in this review is pertinent to both males and females, and to adolescents and pre-adolescents, the reader must bear in mind that the research cited and discussed in this chapter is most directly relevant to male adolescents who commit sexual offenses.

Risk Assessment Process

Juvenile sexual offending takes place within an environment of developmental, social and contextual circumstances that differ for each young person, and we recognize the heterogeneity of each individual despite shared features and commonalities.

Juvenile risk assessment, therefore, focuses not only on adolescents who commit sexual offenses, but also on the systems within which they live, learn and function and on which they depend for structure, guidance and nurturance. In short, risk assessments of juveniles who sexually offend place behavior and risk factors in the context of the social environment, as well as the context of child and adolescent development. In fact, unlike adult risk assessment instruments, the most widely used juvenile risk assessment instruments set what are essentially time limits (or expiration dates) for any individual's assessed risk level or score, either requiring reassessment of risk within a specified time period (such as every six months²) or noting that the risk estimate is limited to sexual recidivism prior to age 18.³ Developmental considerations are important not only when estimating the risk of sexual recidivism, but also when identifying the very risk factors that are to be used as the foundation for the risk assessment process itself (Quinsey, Skilling, Lalumiere & Craig, 2004). For instance, in their study of 1,396 juvenile offenders, van der Put and colleagues (2011) found that the effect of both static and dynamic risk factors on recidivism varied by the age of the adolescent.

***Evaluation should include a wide range
of individual, social, interactional
and contextual factors.***

Models of Risk Assessment

Currently, two general models are used in juvenile risk assessment: the actuarial model and the clinical model. In both models, the assessment process attempts to identify and evaluate the likely effects of risk factors believed to be associated with sexual recidivism. In the actuarial model — also known as statistical or mechanical assessment — risk determination is based entirely on a statistical comparison between the personal characteristics and past behavior of the juvenile and those of known recidivists. The assessment of static risk

factors is a distinguishing feature of the actuarial model, although clinical models exist as well. Clinical risk assessment is primarily based on observation and professional judgment, rather than statistical analysis, in which the evaluator attempts to develop an understanding of the juvenile and the presence and likely effect of defined risk factors. In contemporary applications of the clinical model, a structured risk assessment instrument is used to guide clinical judgment. Hence, this approach is considered a structured or anchored clinical risk assessment (Rettenberger, Boer & Eher, 2011), increasingly referred to as structured professional judgment. Unlike actuarial assessment, clinical risk assessment typically evaluates both static and dynamic risk factors and, increasingly, protective factors that may decrease the risk of sexual reoffense.

Actuarial and Clinical Judgments of Risk

It has been strongly asserted in both juvenile and adult risk assessment contexts that actuarial assessment has the capacity to predict risk more accurately than clinical assessment (Hanson & Thornton, 2000; Harris & Rice, 2007; Meehl, 1996; Quinsey et al., 1998; Steadman et al., 2000). In addition, some researchers have argued that the two methods of assessment — actuarial and clinical — are essentially incompatible (Grove & Lloyd, 2006; Harris & Rice, 2007). In fact, Quinsey and colleagues (2006) have argued for strict adherence to the actuarial model and the elimination of clinical judgment from the risk assessment process altogether. These positions, however, are not universally agreed upon, and there is strong disagreement with the assertion that actuarial risk assessment has greater predictive power than clinical assessment (Boer et al., 1997; Hanson & Morton-Bourgon, 2007; Hart, Michie & Cooke, 2007; Litwack, 2001).

Sjöstedt and Grann (2002), for example, have argued that there are problems associated with strict pro-actuarial positions, and other researchers have suggested that actuarial instruments should be used to support, rather than replace, clinical judgment (Grubin, 2011; Monahan et al., 2001). Moreover, Sjöstedt and Grann (2002) and Pedersen, Rasmussen and Elsass (2010) reported strong predictive validity for **structured** clinical risk assessment, and Hart and colleagues (2003) have argued that guidelines for structured professional judgment help improve the consistency, transparency and usefulness of decision-making. Further, Rettenberger, Boer and Eher (2011) and Rich (2011) have argued that actuarial assessment does not provide information about risk or possible risk management strategies that are highly personalized for the individual being assessed; hence, it fails to meet the practical and ethical issues and requirements relevant to any individual case.

Despite the ongoing debate, it is important to recognize that the exercise of **unaided** professional judgment by mental health practitioners is not considered a reliable or accurate means for assessing the potential for future dangerous behavior (Ægisdóttir et al., 2006; Hanson & Thornton, 2000; Monahan & Steadman, 1994; Steadman et al., 2000; Webster et al., 1997). Further, it is clear that the actuarial and clinical assessment models both have strengths and weaknesses. Campbell (2004) writes that neither actuarial nor clinical risk assessment instruments stand up to rigorous scientific scrutiny, noting that all current actuarial and clinical risk assessment instruments are insufficiently standardized, lack inter-rater reliability,⁴ are absent of adequate operational manuals and generally fail to satisfy significant scientific standards. Similarly, Grisso (2000) and Hart and colleagues (2003) have argued that such instruments have not yet achieved the level of psychometric rigor needed to meet publication standards. Sixteen years or so later, little has changed, despite advances in both adult and juvenile risk assessment.

Development of Risk Assessment Instruments

Bonta (1996) and others have characterized the evolution of risk assessment methods as occurring in distinct stages (Andrews, Bonta & Wormith, 2006; Bonta & Andrews, 2007; Hannah-Moffat & Maurutto, 2003; and Schwalbe, 2008). First-generation methods primarily involved unstructured clinical judgment, whereas second-generation methods involved statistically derived and static actuarial assessments of risk. Third-generation

methods, which are increasingly common in sexual risk assessments of adult offenders, incorporate both the actuarial base of a static assessment and the dynamic factors of a clinical assessment. Fourth-generation methods integrate an even wider range of dynamic factors, incorporating factors relevant to treatment interventions, case management and monitoring. Third- and fourth-generation methods not only recognize the utility of both static and dynamic risk factors, but also that “there is no reason to think that one type is superior to another when it comes to the predicting recidivism” (Bonta, 2002, p. 367). In fact, when dynamic measures are part of the assessment process, the predictive accuracy of risk assessment can exceed that which may be achievable with only static risk factors (Allan et al., 2007). McGrath and Thompson (2012) report that although static and dynamic risk factors both predicted sexual recidivism in juveniles who commit sexual offenses, a combination of static and dynamic factors resulted in a significant improvement in prediction.

While the characterizations and propositions described above are largely drawn from the literature on risk assessment for adult sexual offenders, they are equally relevant in the context of risk assessment for juveniles who commit sexual offenses, in which, thus far, clinical risk assessment represents almost the entirety of juvenile sexual risk assessment instruments, with the exception of a single actuarial instrument. Moreover, these ideas and principles are essential for understanding the groundwork upon which juvenile risk assessment is built.

Focus and Breadth of Juvenile Risk Assessment

Epps (1997) describes the goal of juvenile risk assessment as synthesizing psychosocial, statistical, factual and environmental information in a manner that allows defensible decisions to be made about matters of management, treatment and placement. Within this context, Will (1999) describes three broad purposes for juvenile risk assessment: i) the assessment of risk for reoffense, ii) the development of a clinical formulation upon which treatment can be based and iii) the assessment of the juvenile’s motivation to accept and engage in treatment. Notably, these three goals closely approximate the principles of risk, need and responsivity that have been increasingly central in practice. Graham, Richardson and Bhate (1997) describe six overarching and interactive goals for juvenile risk assessment:

1. Identifying troubled patterns of thoughts, feelings and behavior.
2. Recognizing and understanding learned experiences and processes contributing to the development and maintenance of juvenile sexually abusive behavior.
3. Identifying situational contexts and correlates of sexually abusive behavior.
4. Evaluating the probability of sexual recidivism.
5. Assessing the juvenile’s motivation to engage in treatment aimed at emotional and behavioral regulation.
6. Gathering the information required to develop interventions and treatment.

In short, the goals of a comprehensive risk assessment process extend beyond the assessment of risk alone. To this end, Prentky, Righthand and Lamade (2016) describe juvenile risk assessment as informing the treatment planning process with respect to risk-relevant needs and interventions designed to support prosocial rehabilitation. Similarly, Viljoen, Brodersen, Shaffer and McMahon (2016) have stated the “goal of risk assessment is to identify youths’ needs in order to assist in planning individualized risk management or risk reduction efforts” (p. 519).

Risk Factors for Juvenile Sexual Offending

An extensive literature has developed that has identified and discussed risk factors for juvenile sexual offending.⁵ Although definitive conclusions regarding the risk factors that are most pertinent to the prediction of sexual recidivism have yet to be made, similar risk factors appear in the most frequently used juvenile risk assessment instruments, and can be grouped into one of 10 categories (Rich, 2009):

1. Sexual beliefs, attitudes and drive
2. History of sexual offending behavior
3. History of personal victimization
4. History of general antisocial behavior
5. Social relationships and connection
6. Personal characteristics
7. General psychosocial functioning
8. Family relationships and functioning
9. General environmental conditions
10. Response to prior/current treatment

However, much of the literature on risk factors for juvenile sexual offending remains theoretical and descriptive, rather than the result of reliably replicated statistical research. It also is characterized by a number of methodological problems and other limitations (Spice et al., 2013). Spice and colleagues (2013) noted that early studies on juvenile sexual recidivism were often based on follow-up periods of less than three years, and that early, as well as more contemporary, studies often employed small sample sizes. They also noted that risk factors examined vary widely from one study to another. Similarly, McCann and Lussier (2008) maintained that the risk factors examined in many studies were selected by researchers based on their own clinical experience, the literature on adult sexual recidivism and, until recently, a lack of theoretical understanding regarding sexual offending behavior among juveniles.

Additionally, risk factors for juvenile sexual and nonsexual offending are significantly influenced by developmental processes in children and adolescents, and are not necessarily stable or uniform during adolescence (Kim and Duwe, 2016; Quinsey et al., 2004; Sampson & Laub, 2003). Further, more recently the research of Leroux, Pullman, Motayne and Seto (2016) illustrates that different risk factors appear to be at play for adolescents who sexually offend, based upon the age of their victims (child, peer/adult and mixed child and peer/adults victims), in which different types of risk factors appear to be at play. Given these problems, it is not surprising that findings regarding risk factors vary considerably and are inconsistent across different studies (Spice et al., 2013).

Interactive Effect of Multiple Risk Factors

Despite the problems outlined above, the empirical research indicates that it is the presence and interaction of multiple risk factors, rather than the presence of any single risk factor alone, that is most important in understanding risk. Thus, all risk assessment instruments — regardless of whether they are used with adults or

juveniles, or whether they are actuarial or clinical — include multiple risk factor items, and all risk assessment processes are concerned not only with the presence of different risk factors, but also with the interactive and amplifying effects of multiple risk factors. Simply put, no single risk factor, even one with relatively high predictive strength, is alone capable of predicting recidivism accurately (Hanson & Bussière, 1998; Hanson & Morton-Bourgon, 2005, 2007; Roberts, Doren & Thornton, 2002).

Empirical Basis of Risk Factors for Juvenile Sexual Recidivism

The problem of the low base rate for juvenile sexual recidivism complicates the process of determining which individual risk factors are likely to be most important in juvenile risk assessment. In fact, many of the risk factors included in juvenile risk assessment instruments used today have face validity (an intuitive and perhaps common sense appeal that appears to reflect aspects of risk), but very little proven predictive validity. In any case, as Prentky et al. (2016) note, risk factors are rarely demonstrated to be causal, and are instead, in most cases, correlational. That is, establishing causality requires empirical evidence that the presence or absence of the risk factor results in changes in the base rate of offending behavior (Prentky et al., 2016). This is, at best, a difficult task.

Indeed, Worling and Långström (2003, 2006) contend that most risk factors commonly associated with juvenile sexual offending lack empirical validation. Describing 21 commonly cited risk factors, Worling and Långström (2006) argue that only five factors — deviant sexual arousal, prior convicted sexual offenses, multiple victims, social isolation and incomplete sexual offender treatment — are empirically supported through at least two published, independent research studies, and that only two other factors — problematic parent-child relationships and attitudes supportive of sexually abusive behavior — have empirical support in at least one study, and thus can be considered “promising” risk factors. The remaining 14 factors they describe as either third-tier “possible” risk factors based on general clinical support or fourth-tier “unlikely” risk factors that either lack empirical support or are contradicted by empirically derived evidence.

However, Worling and Långström’s (2006) typology of empirically supported risk factors is both incomplete and has not been replicated and is only weakly supported by later research. Although evidence supporting some elements of their typology is found in later studies, it is also true that later studies have found evidence for factors not supported in their four-tier typology, as well producing some evidence for still more risk factors. Indeed, the literature is mixed and inconsistent.

For instance, supporting Worling and Långström’s (2006) typology, in a meta-analysis of 18 studies and more than 3,100 juveniles, McCann and Lussier (2008) found support for deviant sexual interest as a risk factor, as did Seto and Lalumière (2010) in their meta-analysis of 59 studies.⁶ Seto and Lalumière additionally identified social isolation as a significant risk factor for juvenile sexual recidivism, also identified by Gunby and Woodhams (2010) and van der Put and colleagues (2013). Leroux et al. (2016) also described social isolation and lack of peer intimacy as a risk factor, although specifically in the case of adolescents who sexually abused children, rather than those who sexually abused peers or adults. Similarly, Miner and colleagues (2016) identified social isolation as a risk factor, or predictor, for adolescents who sexually abuse children (but not peers or adults), as well as the adolescent’s experience of masculine inadequacy.

However, in direct contrast to the Worling and Långström (2006) typology, Epperson and colleagues (2006), Mallie et al. (2011) and Carpentier and Proulx (2011) found empirical support for a history of sexual victimization as a risk factor for juvenile sexual recidivism, and Epperson and colleagues (2006) also found empirical evidence for a history of nonsexual offending as a risk factor, both of which were identified by Worling and Långström as unlikely risk factors for sexual recidivism. In their analysis of data from the National Longitudinal Study of Adolescent Health, Casey, Beadnell and Lindhorst (2009) also found childhood sexual victimization to be a significant predictor of later sexually coercive behavior, as was a history of adolescent delinquency. Similarly, Leroux et al. (2016) implicated general delinquency as a risk factor, but primarily for adolescent sexual offenders with peer or adult victims.

Knight and Sims-Knight (2003, 2004) and Knight, Ronis and Zakireh (2009) found support for hypersexuality/sexual deviance, impulsivity/antisocial behavior, arrogant/deceitful personality, violent behavior/fantasies and history of victimization as risk factors. However, only one of these factors (sexual deviance) was included among Worling and Långström's (2006) empirically supported risk factors.

In addition to identifying deviant sexual interests as a risk factor, McCann and Lussier (2008) found that having a stranger victim as predictive of sexual recidivism, as well as several risk factors described by Worling and Långström (2006) as empirically unsupported or unlikely. These included a history of prior nonsexual offenses, the use of threats or weapons, having a male victim and having a child victim. In addition, McCann and Lussier found that older age upon intake for treatment was associated with increased likelihood of reoffending. Nevertheless, they noted that even the risk factors found to be the best predictors of sexual recidivism in their study had a relatively small effect size and were based on findings derived from analyses involving small sample sizes. In an earlier meta-analysis, Heilbrun, Lee and Cottle (2005)⁷ concluded that younger age at first offense, prior noncontact sexual offenses and having an acquaintance victim (rather than a stranger victim) were associated with sexual recidivism. However, in their study of 193 juveniles who commit sexual offenses, Spice and colleagues (2013) found that only opportunity to reoffend was significantly associated with sexual recidivism, although a number of risk and protective factors were linked to nonsexual recidivism.

Finally, Worling, Bookalam and Litteljohn (2012) identified obsessive sexual interests and/or preoccupation, antisocial interpersonal orientation, lack of intimate peer relationships/social isolation, interpersonal aggression and problematic parent-child relationships/parental rejection as risk factors for juvenile sexual recidivism, only two of which were identified as empirically supported or promising risk factors in Worling and Långström's (2006) earlier typology. In his continuing research, Långström (2011) has described sexual offense in a public area, sexual offense involving a stranger victim, two or more sexual offenses and two or more victims as risk factors for juvenile sexual recidivism. However, only one of these appears in Worling and Långström's earlier typology.

As the findings presented above demonstrate, research on the risk factors for sexual recidivism has produced inconsistent and sometimes contradictory results. Indeed, as Spice and colleagues (2013) observe, it is clear that the research literature regarding risk factors for sexual recidivism among sexually abusive youth is disconnected and varied, with little to unify it. Whether the disparate findings are an artifact of the methodological variations found across studies, a reflection of real-world risk factor dynamics or some combination of the two remains unknown at this time. Spice and colleagues (2013) and McCann and Lussier (2008) have voiced concerns about the idiosyncratic nature of individual studies as well as the lack of consistency across studies in terms of research designs, samples, hypotheses and statistical procedures. However, Rich (2009) argues that risk factors for sexual recidivism may operate differently in different people, and at different points in child and adolescent development. For instance, in their study of 1,396 juvenile offenders, van der Put and colleagues (2011) found that the effect of both static and dynamic risk factors on recidivism varied by the age of the adolescent. Thus, risk factors may exert different influences on the propensity to reoffend depending on a number of personal and contextual factors, including the juvenile's age, development and social settings, and the myriad interaction effects different risk factors have in different circumstances and at different points in time. Casey, Beadnell and Lindhorst (2009) similarly noted how difficult it is to clearly implicate in sexually coercive behavior any one risk factor in the absence of other potential risk factors, again highlighting the role multiple risk factors play in contributing to juvenile sexual recidivism.

Both Seto and Lalumière (2010) and van der Put and colleagues (2013) describe further subtlety in understanding and identifying risk factors for juvenile sexual recidivism. Each set of authors recognizes prior childhood sexual victimization as a risk factor for later juvenile sexually abusive behavior. However, Seto and Lalumière describe childhood sexual abuse as a risk factor for the onset of juvenile sexually abusive behavior, but not for sexual reoffense. Similarly, in their study of 625 sexually abusive youth, van der Put and colleagues

found that a history of childhood sexual abuse was not a risk factor for recidivism, although they reported significant differences in the incidence of prior sexual victimization among different types or groups of sexually abusive youth, reflecting both heterogeneity within the population and the multifaceted nature of risk factors.

Risk Factors for Sexual Recidivism: Summary and Conclusions

Despite a developing research base, the empirical evidence concerning the validity of commonly identified risk factors for juvenile sexual offending remains weak and inconsistent. As a result, the knowledge base regarding risk factors for juvenile sexual recidivism is speculative and provisional at this point in time, but it is evolving. The inability of research to thus far produce trustworthy and definitive evidence regarding juvenile risk factors for sexual recidivism may reflect problems with the research undertaken to date. However, it is also likely that complex interactions among different risk factors are at play at different times in the development of children and adolescents and that these dynamics are exceptionally difficult to disentangle and document empirically. Indeed, Krahe and Vanwesenbeeck (2016) write that juvenile sexually abusive behavior results from the interaction of multiple risk factors and variables found at different levels, ranging from the macro social level to the level of the individual youth. Furthermore, similarities found between risk factors that place juveniles at risk for sexual offending and those that place juveniles at risk for many other problem behaviors, including general delinquency, complicate matters even further. Far more research is needed to identify, understand and construct both static and dynamic risk variables linked specifically to juvenile sexual recidivism.

Juvenile Risk Assessment Instruments

Most studies designed to assess the accuracy and validity of juvenile risk assessment instruments have focused on the overall structure and predictive accuracy of the most widely used instruments, rather than the individual risk factors within them. Since many, if not most, of the risk factors used in these instruments have not been empirically validated, it is not surprising that instrument validation studies have produced weak or inconsistent results. Nevertheless, there is some empirical support for the capacity of risk assessment instruments to identify statistically valid risk factors, as well as for the predictive validity of various instruments. However, it is not currently possible to definitively assert that any such instrument is empirically validated in terms of its capacity to accurately predict juvenile sexual recidivism. Based on the current, and still developing, research literature, the best we can say about current juvenile sexual risk assessment instruments is that they are partially validated, meaning that validation of their ability to accurately estimate sexual recidivism is weak, with evidence — often only mild to moderate — provided by some research studies but not others. Kim and Duwe (2016), for instance, describe limitations in the capacity of existing risk assessment tools to reliably predict juvenile sexual recidivism. Similarly, Prentky et al. (2016) describe the inability of research to conclude that any current risk assessment instrument is able to accurately estimate or predict juvenile sexual recidivism.

Validation Studies of the Most Commonly Used Instruments

Although there are a number of juvenile sexual risk assessment instruments in use today, the two most commonly used instruments in North America are the Juvenile Sex Offender Assessment Protocol-II (J-SOAP-II) and the Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR), both of which are structured and empirically informed instruments designed for clinical assessment. The only actuarial assessment instrument currently available for use with juveniles who commit sexual offenses is the Juvenile Sexual Offense Recidivism Risk Assessment Tool-II (JSORRAT-II), but it is not used as extensively as either J-SOAP-II or ERASOR. Unlike J-SOAP-II and ERASOR — both of which are structured clinical instruments — the JSORRAT-II is a static assessment instrument; that is, it includes only static risk factors.

The JSORRAT-II has been validated by its designers for use only in Utah (where it was initially developed) and Iowa, but it is also available for use in Georgia and California, where it is presently undergoing, and has been for some time, validation studies. Despite its lack of validation in California, the instrument has nonetheless been selected by the State Authorized Risk Assessment Tool for Sex Offenders Committee (www.saratso.org) as the required instrument to be used in the assessment of male juveniles who commit sexual offenses (California Penal Code, §§ 290.03-290.08). However, the instrument authors have relaxed the use of the JSORRAT-II outside of these four states, so that it may now be used as a measure of relative risk (in which individual risk is compared against the total sample), rather than absolute risk (the statistical probability of a sexual reoffense).

Inter-Rater Reliability

The J-SOAP-II, ERASOR and JSORRAT-II have each been generally reported to have inter-rater reliability (Caldwell, Ziemke & Vitacco, 2008; Knight, Ronis & Zakireh, 2009; Martinez, Flores & Rosenfeld, 2007; Park & Bard, 2006; Viljoen et al., 2008). For example, in a study of both ERASOR and J-SOAP-II, Rajlic and Gretton (2010) found strong inter-rater reliability for both instruments, with an intraclass correlation score of 0.78 for the total risk assignment of ERASOR and 0.94 for the J-SOAP-II total score.⁸

However, Vitacco and colleagues (2009) report an absence of well-designed and executed inter-rater reliability studies in the juvenile risk assessment field overall, pointing out the need for these studies across populations of juveniles in different treatment or supervision settings as well as for research that examines the potential for allegiance bias. Although their study focused on three sexual risk assessment instruments commonly used with adults, Murrie and colleagues (2009) found that assessed risk levels varied depending on whether the assessment instrument was administered by an evaluator retained by the defense or the prosecution. This suggests that assessed risk scores used in legal proceedings may be influenced by the allegiance of the evaluator. Boccaccini and colleagues (2012) also found that subjective factors influenced assessment outcomes in their study of an actuarial instrument used with adults, even though high inter-rater reliability values were reported for the instrument.

Predictive Validity

Drawing firm conclusions about the predictive validity of juvenile risk assessment instruments is difficult for several reasons. First, relatively few validation studies of juvenile risk assessment instruments have been undertaken to date, and research that has examined the predictive validity of juvenile instruments has produced inconsistent findings. Second, there is very little consistency across validation studies in terms of the recidivism definition employed, the time period studied, the selection of the sample/cohort, the study design itself and the ways in which statistics are applied⁹ and/or interpreted. In addition, some research has reviewed multiple instruments, some of which are not intended nor designed to measure risk for sexual recidivism, while other research has reviewed and evaluated only a single instrument. Sometimes, but not always, the research has also reviewed the capacity of juvenile sexual risk instruments to accurately predict nonsexual recidivism, although none of the juvenile risk assessment instruments currently available for use in the field are designed for that purpose. Notwithstanding these problems, research findings concerning the predictive validity of the J-SOAP-II, ERASOR and JSORRAT-II are sequentially presented in subsequent sections below.

Studies that have examined the predictive validity of each instrument are shown in Table 4-1. However, despite continued research on the psychometric properties of juvenile sexual risk assessment instruments, as well as continued interest in the process and application of juvenile sexual risk assessment in general, little new or recent research has been undertaken with respect to the predictive validity of these instruments.

Table 4-1. Snapshot of Predictive Validity Research

Study Authors	Instrument Studied			
	J-SOAP-II	ERASOR	JSORRAT-II	Other
Aebi et al. (2011)	X			
Caldwell & Dickinson (2009)	X			
Caldwell, Ziemke & Vitacco (2008)	X			<ul style="list-style-type: none"> • Texas Juvenile Sex Offender Risk Assessment Instrument • Juvenile Risk Assessment Scale • Wisconsin Department of Corrections Guidelines for Release
Chu et al. (2012)	X	X		
Epperson et al. (2006)			X	
Epperson & Ralston (2009) Epperson & Ralston (2015) Epperson, Ralston & Edwards (2009) Ralston, Epperson & Edwards (2014)			X	
Fanniff & Letourneau (2012)	X			
Hiscox, Witt & Haran (2007)				Juvenile Risk Assessment Scale
Martinez, Flores & Rosenfeld (2007)	X			
Parks & Bard (2006)	X			
Prentky et al. (2010)	X			
Powers-Sawyer & Miner (2009)	X			
Rajlic & Gretton (2010)	X	X		
Ralston & Epperson (2012)			X	
Viljoen et al. (2008)	X			
Viljoen et al. (2009)		X		
Worling, Bookalam & Litteljohn (2012)		X		
Viljoen, Mordell & Beneteau (2012)	X	X	X	

Statistics Used in Assessing Predictive Validity: Area Under the Curve

Statistics used to evaluate the predictive validity of risk assessment instruments vary by study; Area under the curve values (also known as receiver operating characteristics) have been increasingly and commonly used for this purpose. In part used to overcome the possibility of false positives, which can occur with low base rates (such as those for the sexual recidivism of juveniles), area under the curve analysis is unaffected by base rate variations (Craig, Browne & Stringer, 2004; Wollert, 2006).

Whereas an area under the curve value of 1.0 represents 100 percent predictive validity, or discrimination, an area under the curve of 0.5 represents only a 50 percent chance of accuracy, or a level of predictive accuracy that is no better than chance and lacks discriminative value. However, there is no clear standard or benchmark for what area under the curve values between these two points represent, other than the fact that any area under the curve value of 0.51 or higher indicates a probability greater than chance, with a value of 0.64 meeting a commonly accepted standard of statistical significance. Nevertheless, statistical significance in this case simply denotes that the result is not simply the result of chance, and should not be equated with strong

predictive validity. Indeed, Singh, Desmarais and Van Dorn (2013) report a lack of consistency in the description and interpretation of area under the curve performance indicators across studies, suggesting a need for standardized guidelines for risk assessment predictive validity studies, although “there is no such agreement” (Singh, 2014, p. 181). In fact, although there is some disagreement regarding what the area under the curve value actually represents with respect to weak, mild, moderate or strong predictive validity, Kim and Duwe (2016) suggest that the bar is often set low in describing the predictive validity of risk assessment instruments across the field. Caution and critical appraisal is thus required in considering the meaning of an area under the curve value when it comes to evaluating the predictive validity of risk assessment instruments.

However, drawn from the general statistical literature (for instance, Fan, Upadhye & Worster, 2006; Streiner & Cairney, 2007; Zhu, Zeng & Wang, 2010), area under the curve values between 0.65 and 0.7 are generally considered to show weak-mild predictive accuracy, values between 0.71 and 0.8 indicate mild to moderate predictive accuracy and values above 0.8 indicate moderate to strong predictive accuracy. Area under the curve values between 0.5 and 0.6 suggest that predictive accuracy is no better or little better than chance. Values between 0.61 and 0.64/0.65 offer weak evidence of predictive accuracy, as these values fall below the threshold that demonstrates any meaningful level of predictive validity, despite reaching a level of statistical significance. Nevertheless, Kim and Duwe (2016) describe predictive validation as a matter of degree in the field of risk assessment, in which an instrument may be considered to show predictive validity as long as it meets or exceeds, even slightly, a level of statistical significance.

Predictive Validity of the J-SOAP-II

The J-SOAP-II has received the most attention with respect to its psychometric properties and its capacity for predictive validity. The instrument has also been studied in combination with, and in contrast to, other juvenile risk assessment instruments, such as the ERASOR, JSORRAT-II and other more general (i.e., nonsexual) juvenile risk assessment instruments.

Table 4-2 summarizes research findings regarding the predictive validity of the J-SOAP-II. Area under the curve values reported in each study for the J-SOAP-II total score and the instrument’s four subscale scores are presented in the table, in most cases for both sexual and nonsexual or general recidivism predictive accuracy.

Overall, the values shown in Table 4-2 tend to follow an inconsistent pattern across individual studies. Area under the curve values for the J-SOAP-II total score, for instance, range from 0.51 to 0.83 for sexual recidivism, indicating that some studies found strong levels of predictive validity while others found that the instrument’s predictive accuracy was no better than chance. Similar variation is reported for nonsexual recidivism and for the instrument’s four subscales. Variation in the predictive validity of the instrument is even found within individual studies.

The strongest support for the predictive validity of J-SOAP-II arguably comes from the study conducted by Prentky and colleagues (2010). The research examined the predictive validity of the instrument based on an analysis of sexual recidivism for 336 preadolescent and 223 adolescent males using a follow-up period of seven years. Two of the researchers who conducted the study were involved in the development of the instrument. Prentky and colleagues reported total score area under the curve values of 0.8 for the preadolescent males and 0.83 for the adolescent males, who were among the higher risk offenders in the study sample.

Table 4-2. Overview of Research Into the Predictive Validity of the J-SOAP-II

Study Authors	J-SOAP-II Total Score		J-SOAP-II Subscales							
			Scale 1		Scale 2		Scale 3		Scale 4	
	Type of Recidivism									
	Sex	NS/Gen	Sex	NS/Gen	Sex	NS/Gen	Sex	NS/Gen	Sex	NS/Gen
Aebi et al. (2011)	.65	.61	.51	.47	.74	.66	.5	.57	.74	.6
Caldwell & Dickinson (2009) 1-year follow-up	NA	NA	.23	.39	.59	.55	NA	NA	NA	NA
Caldwell & Dickinson (2009) 49-month follow-up	NA	NA	.47	.39	.7	.65	NA	NA	NA	NA
Caldwell, Ziemke & Vitacco (2008) Cox regression	Not Sig	Not Sig	Not Sig	Not Sig	Not Sig	Not Sig	Sig	Not Sig	Not Sig	Not Sig
Chu et al. (2012)	.51	.79	.72	.52	.37	.71	.41	.79	.55	.69
Fanniff & Letourneau (2012)	.58	.6	NG	NG	.64	.61	NA	.61	NA	NA
Parks & Bard (2006) Cox regression	Not Sig	Not Sig	Not Sig	Not Sig	Sig	Sig	Not Sig	Not Sig	Not Sig	Not Sig
Powers-Sawyer & Miner (2009)	.75	.45	.72	.41	.64	.47	NA	NA	NA	NA
Prentky et al. (2010) Preadolescents	.8	NA	.78	NA	.56	NA	NA	NA	.76	NA
Prentky et al. (2010) Adolescents	.83	NA	.83	NA	.66	NA	NA	NA	.81	NA
Rajlic & Gretton (2010) Total sample	.69	.77	.65	.56	.61	.79	.64	.7	.68	.74
Rajlic & Gretton (2010) Juveniles who commit sexual offenses only	.8	.62	.66	.48	.73	.72	.75	.51	.77	.62
Rajlic & Gretton (2010) Juveniles who commit sexual and nonsexual offenses	.51	.74	.59	.51	.41	.72	.51	.73	.53	.69
Viljoen et al. (2008)	.54	.56	.6	.53	.54	.64	.52	.49	.45	.54
Viljoen, Mordell & Beneteau (2012)	.67	.66	.61	.49	.63	.66	.6	.6	.7	.65
Martinez, Flores & Rosenfeld (2007)	.78	.76	Static Scale (1 and 2)				Dynamic Scale (3 and 4)			
			Sex		NS/Gen		Sex		NS/Gen	
			.63		.68		.86		.74	

Note: Results are shown by area under the curve value, unless otherwise noted. Sex = sexual recidivism; NS/Gen = nonsexual or general recidivism; NG = value not given; NA = scale not assessed; Sig = significant.

However, in a 2012 study involving 73 adolescent males who sexually offended, Fanniff and Letourneau (2012) found that the J-SOAP-II total score was not predictive of either sexual recidivism (AUC = 0.58) or general recidivism (AUC = 0.6). In studying both the J-SOAP-II and JSORRAT-II, Viljoen and colleagues (2008) reported that neither instrument reached a level of statistical significance in predicting sexual recidivism. The J-SOAP-II achieved an area under the curve value of only 0.54 for sexual recidivism and 0.56 for general recidivism. Similarly, Parks and Bard (2006) and Caldwell, Ziemke and Vitacco (2008) found no relationship between the total score of the instrument and either sexual or nonsexual recidivism. Chu and colleagues (2012) studied the use of J-SOAP-II in Singapore and also found that the total score was not predictive of sexual recidivism (AUC = 0.51); however, the researchers reported that the instrument showed moderate predictive validity for general recidivism (AUC = 0.79).

In their study, Rajlic and Gretton (2010) found substantial variation in the predictive accuracy of the J-SOAP-II within subgroups of sexually abusive youth who later sexually recidivated. While the researchers reported a sexual recidivism area under the curve value of 0.69 (demonstrating mild predictive accuracy) based on an analysis of all 286 study subjects, a higher degree of predictive validity was found among the 128 juveniles who had previously committed only sexual offenses, and a much lower degree of predictive validity was found among study subjects who had previously committed both sexual and nonsexual offenses. For juvenile recidivists who had previously committed only sexual offenses, Rajlic and Gretton reported an area under the curve value of 0.8, indicating moderate validity in predicting sexual recidivism. Conversely, they reported a value of only 0.51 in predicting sexual recidivism in the group of 140¹⁰ juveniles who had previously committed both sexual and nonsexual offenses, indicating only chance levels of predictive validity.

Finally, Viljoen, Mordell and Beneteau (2012) conducted a meta-analysis that examined the predictive accuracy of several sexual risk assessment instruments, including the J-SOAP-II. Aggregated area under the curve values were reported for each instrument studied.¹¹ For the J-SOAP-II, the researchers reported aggregated values of 0.67 for sexual recidivism and 0.66 for general recidivism, both of which narrowly fall into the range of mild predictive validity. It is important to note, however, that these findings arguably reflect a homogenized view of the instrument's predictive validity rather than a set of consistent or stable validation results across different studies, as aggregated area under the curve values mask and filter out significant variation in outcomes produced across different studies.

J-SOAP-II Subscales

As previously noted, the J-SOAP-II consists of four subscales, each of which produces a risk score. As the data reported in Table 4-2 indicate, research examining the predictive validity of these subscales has also produced inconsistent findings. Wide variations in predictive accuracy are found across studies even within specific subscales. For example, area under the curve values for sexual recidivism within subscale 1 of the J-SOAP-II range from a high of 0.83 (strong predictive accuracy) to a low of 0.23 (no better than chance). Similar variation is apparent within other subscales of the instrument.

Although there is some support in the literature for the predictive validity of the J-SOAP-II, the empirical evidence can best be described as partial and inconsistent. In some studies, evidence of predictive accuracy has been found for the total score of the instrument, while in others the total score was found to be less predictive than the individual subscales of the instrument. Rajlic and Gretton (2010) also found significant differences in the predictive capacity of the instrument based on the composition of the juveniles being assessed. Further, in some independent research, the J-SOAP-II has been found to be effective in predicting general, but not sexual, recidivism. Given these disparate findings, the J-SOAP-II cannot be considered an empirically validated instrument at this time. Far more research is needed to determine whether the disparate validation findings reflect true weaknesses in the predictive accuracy of the instrument or shortcomings within the validation research undertaken to date. However, as Fanniff and Letourneau (2012, p. 403) aptly state —

Mental health professionals conducting predisposition evaluations should proceed with great caution when interpreting J-SOAP-II scores as part of broader risk assessments. Even when J-SOAP-II is only one source informing clinical judgment, evaluators have been unable to produce valid estimates of risk.

Although Hecker (2014) challenged Fanniff and Letourneau's (2012) conclusion regarding scale 1 of the J-SOAP-II, Fanniff and Letourneau (2014) stood by the results and implication of their study. They, in turn, argued that greater level of accuracy is demanded when instrument scores may be used to inform decisions that may have a serious, long-term and possibly harmful impact on the young person, urging "caution in the interpretation of J-SOAP-II scores in disposition evaluations" (p. 410).

Predictive Validity of the ERASOR

The ERASOR has not been as widely examined as the J-SOAP-II. However, like the J-SOAP-II, the available research on the ERASOR offers inconsistent and, at best, partial, support for its predictive validity.

Table 4-3 summarizes research findings concerning the predictive validity of the instrument. Area under the curve values reported in each study for the instrument’s clinical rating score and total score are presented for both sexual and general recidivism predictive accuracy. The reader should note that the ERASOR total score is a numerical scoring system assigned by researchers, rather than a scale that appears in the instrument itself; it is not likely to be used by practitioners in the field. Instead, the instrument employs only a clinical rating system based on the evaluator’s professional judgment of risk associated with the presenting risk factors.

As with the J-SOAP-II, the area under the curve values reported for the ERASOR vary considerably across studies. For example, area under the curve values for the clinical rating score for sexual recidivism range from 0.86 (high predictive validity) to 0.54 (no better than chance). Total score values for sexual recidivism range from 0.93 to 0.54.

The strongest support for the predictive validity of ERASOR comes from the study conducted by Worling, Bookalam and Litteljohn (2012). The researchers reported an area under the curve value of 0.82 for the sexual recidivism clinical rating score based on a mean follow-up period of 1.4 years. However, the reported value drops to 0.61 when the follow-up period increases to a mean of 3.7 years. Worling and his colleagues suggested that this may reflect the deterioration of accurate risk prediction in still-developing adolescents, and noted that the instrument is intended to measure risk in a two-year period. In discussing their findings, Worling, Bookalam and Litteljohn (2012, p. 14) stated —

The fact that more contemporaneous ratings were ... more predictive of subsequent sexual offending suggests that it is important for clinicians to reassess adolescents and that clinical and forensic decisions are likely to be more accurate if they are based on more recent risk assessments.

Table 4-3. Overview of Research Into the Predictive Validity of the ERASOR

Study Authors	Total Score		Clinical Rating	
	Sexual Recidivism	General Recidivism	Sexual Recidivism	General Recidivism
Chu et al. (2012)	.74	.66	.83	.69
Rajlic & Gretton (2010) Total sample	.71	.7	.67	.71
Rajlic & Gretton (2010) Juveniles who commit sexual offenses only	.86	.66	.77	.64
Rajlic & Gretton (2010) Juveniles who commit sexual and nonsexual offenses	.54	.61	.54	.58
Viljoen et al. (2009)	.6	.53	.64	.5
Viljoen, Mordell & Beneteau (2012)	.66	.59	.66	.59
Worling, Bookalam & Litteljohn (2012) 7.9-year follow-up (mean 3.7 years)	.72	.65*	.61	.61
Worling, Bookalam & Litteljohn (2012) 2.5-year follow-up (mean 1.4 years)	.93	.62*	.82	.62

Note: Results shown in area under the curve values.

* Nonsexual violent crimes only. Rates for nonviolent crimes are not reported in this chapter.

Indeed, the study conducted by Worling — the instrument’s primary author — and his colleagues shows variability in results depending on what is measured, when it is measured and how it is measured. Area under the curve values range from 0.61 to 0.82 for the clinical rating score, and from 0.72 to 0.93 for the total score in this study.

Although Worling et al. (2012) argue that the results of their study provide support for the predictive validity of the ERASOR regarding sexual recidivism, their results varied depending on the length of the follow-up period and how the instrument was scored. Moreover, for the purposes of research, Worling and colleagues, like researchers in some other studies, scored the ERASOR in ways that most field evaluators would not. In addition to a clinical rating (low, moderate or high) based on the final judgment of the evaluator (which is the way in which ERASOR is designed to be scored by evaluators in the field), Worling et al. additionally scored the **total number** of risk factors assessed as present and calculated a **total score**, based on assigning numerical values to each risk factor. As noted, based on the design of and instructions for the instrument, it is only the clinical rating score that is most likely to be used in the field.

While some studies other than that conducted by Worling and his colleagues (2012) have found moderate to high levels of sexual recidivism predictive accuracy associated with the ERASOR clinical rating score, others have not produced similar results. For example, Chu and colleagues (2012) reported an area under the curve value of 0.83 for the ERASOR clinical scale, indicating moderate to strong predictive validity for sexual recidivism. However, Viljoen and colleagues (2009) examined the predictive validity of ERASOR as part of a larger study of risk assessment instruments and reported a value of only 0.64, concluding that the instrument did not yield significant predictive validity for accurately or dependably predicting juvenile sexual recidivism.¹²

In their study, Rajlic and Gretton (2010) reported that ERASOR was moderately predictive of sexual recidivism, with an overall area under the curve value of 0.71 for the total score and 0.67 for the clinical rating score. When used to evaluate risk for sexual recidivism among juveniles who had previously committed only sexual offenses, ERASOR yielded an area under the curve of 0.86 for the total score and 0.77 for the clinical rating score. However, when used to evaluate predictive validity for sexual recidivism for juvenile sexual offenders who had previously committed both sexual **and** nonsexual offenses, ERASOR resulted in an area under the curve value of only 0.54 for both the clinical rating and total score, failing to show predictive validity.

Most recently, in their meta-analysis consolidating the results from 33 studies, Viljoen, Mordell and Beneteau (2012) reported aggregate area under the curve values for the ERASOR of 0.66 for sexual recidivism and 0.59 for nonsexual recidivism. Even though an aggregate score potentially inflates the area under the curve value, Viljoen and colleagues’ results still produce only marginal evidence of predictive validity for the instrument. Based on the evidence, ERASOR may be considered a promising, but not an empirically validated, instrument.

Predictive Validity of the JSORRAT-II

The JSORRAT-II is the first and only actuarial risk assessment instrument available for use with juveniles who sexually offend. Although it is still undergoing validation, the introduction of JSORRAT-II has added a significant new dimension to the assessment of juveniles who commit sexual offenses. However, few studies focusing on JSORRAT-II have been undertaken to date, and their findings offer little consistent empirical support for the predictive validity of the instrument, based on area under the curve values.

Table 4-4 summarizes research findings from five studies that examined the predictive validity of JSORRAT-II. Area under the curve values reported in each study for the instrument’s sexual and nonsexual recidivism predictive validity are presented in the table. Again, the research has produced mixed results. Area under the curve values for sexual recidivism range from a high of 0.89 (strong predictive validity) to a low of 0.53 (predictive validity that is no better than chance).

Table 4-4. Overview of Research Into the Predictive Validity of the JSORRAT-II

Study Authors	JSORRAT-II	
	Sexual Recidivism	General Recidivism
Epperson et al. (2006)	.89*	NA
Epperson & Ralston (2009) Epperson, Ralston & Edwards (2009)	.65-.66	NA
Ralston & Epperson (2012)	.7	.54
Ralston, Epperson & Edwards (2014)	.7	.54
Age 11-13	.73	NA
Age 14-15	.74	
Age 16-17	.56	
Viljoen et al. (2008)	.53	.54
Viljoen, Mordell & Beneteau (2012)	.64	NA

Note: Results shown in area under the curve values.

* AUC value for sexual recidivism prior to age 18. The AUC value for sexual recidivism at any time is 0.79.

The strongest support for the predictive validity of the JSORRAT-II comes from a study conducted by the instrument’s developers, Epperson and colleagues (2006). In their 2006 study based on an initial sample of 636 adjudicated male juveniles who committed sexual offenses, Epperson and colleagues (2006) reported an area under the curve value of 0.89 for predicting sexual recidivism prior to age 18, and a value of 0.79 for predicting sexual recidivism any time prior to or after age 18. Both values reflect strong predictive accuracy. However, in examining the instrument’s capacity to accurately predict sexual recidivism only **after** age 18, Epperson and colleagues reported a value of 0.64, indicating weak predictive validity. This led the researchers to speculate that different risk factors may be at play for young adult recidivists compared to juvenile recidivists. Despite the strong area under the curve values Epperson and colleagues found in their 2006 study, in the cross-validation study of the instrument (the sample against which the initial predictive model was tested after first being developed), Epperson and Ralston (2009) and Epperson, Ralston and Edwards (2009) reported sexual recidivism values of only 0.66 and 0.65, respectively, both of which fall at the threshold of mild predictive validity (despite statistical significance, which again simply indicates that the results are greater than chance alone).

In a more recent study, Ralston and Epperson (2012) and Ralston, Epperson and Edwards (2014) reported an area under the curve value of 0.7 for the JSORRAT-II’s capacity to predict sexual recidivism, indicating mild-moderate predictive accuracy. However, when gradated by age, although area under the curve values for adolescents aged 11-15 fell between 0.73 and 0.74, indicating moderately good predictive validity, when applied to older adolescents, aged 16-17, the value was only 0.56.

Independent studies focusing on the JSORRAT-II are few, and have not found the same level of predictive validity that Epperson and colleagues found in their 2006 study and 2012 studies. In the only independent study of the instrument, Viljoen and colleagues (2008) found no evidence of predictive validity for either sexual or nonsexual recidivism, reporting area under the curve values of 0.53 for sexual recidivism and 0.54 for general recidivism. In their meta-analysis of all juvenile risk assessment instrument validation studies, Viljoen, Mordell and Beneteau (2012) reported an aggregated area under the curve value of 0.64 (which included the values previously reported by Epperson and colleagues) for the capacity of JSORRAT-II to predict juvenile sexual recidivism, which falls just below a marginal level of predictive validity despite the aggregated score.

In summary, while there is some evidence supporting the instrument’s capacity for accurately predicting sexual recidivism for juveniles prior to age 18, the research studies conducted by independent researchers have failed

to demonstrate that the instrument meets the threshold for predictive accuracy. Given the limited body of research on the instrument and the considerable variation in findings, JSORRAT-II cannot yet be considered an empirically validated instrument.

State-Specific Juvenile Risk Assessment Instruments

In addition to the three instruments discussed above, a handful of state-specific juvenile risk assessment instruments have been developed and placed into use to meet state requirements for sexual offender registration. (For more information on registration, see Chapter 6: “Registration and Notification of Juveniles Who Commit Sexual Offenses,” in the Juvenile section.) Structured and empirically based risk assessment instruments have been developed and tailored for use in Texas (Texas Juvenile Sex Offender Risk Assessment Instrument), New Jersey (Juvenile Risk Assessment Scale: JRAS) and Wisconsin (Wisconsin Department of Corrections Guidelines for Release). However, none of these instruments are based on actuarial validation, nor are they empirically validated (Vitacco et al., 2009). Caldwell, Ziemke and Vitacco (2008) concluded that the risk constructs underlying the instruments were not valid, and that none of the three instruments predicts sexual recidivism.

One study has been completed on the JRAS (used in New Jersey), conducted by the instrument’s developers, Hiscox, Witt and Haran (2007). The study followed 231 adjudicated male adolescent sexual offenders for an average follow-up period of 8.5 years and found that one of the three primary factors of JRAS — the antisocial factor — was moderately predictive of nonsexual recidivism and mildly predictive of sexual recidivism. Area under the curve values of 0.7 and 0.67 were found for nonsexual and sexual recidivism, respectively. The instrument’s sexual deviance factor proved not to be predictive of either sexual or nonsexual recidivism. In terms of the number of youth assessed at a risk level that correctly matched actual recidivism, only 19 percent of youth assessed at moderate risk and 25 percent of youth assessed at high risk actually sexually recidivated; there were false positive rates of 81 percent and 75 percent for youth assessed at moderate and high risk, respectively.

The MEGA

The Multiplex Empirically Guided Inventory of Ecological Aggregates for Assessing Sexually Abusive Adolescents and Children (MEGA) is a structured clinical risk assessment instrument released for use in 2013, after several years in development. To date, the instrument has undergone validation studies largely aimed at developing a strong instrument, conducted by its developer or close associate, and has yet to be evaluated by independent researchers. Studies have thus far focused primarily on the instrument’s internal construction and consistency (Miccio-Fonseca, 2009, 2010), with one study (Miccio-Fonseca, 2013) describing predictive validity, with reported area under the curve values for the risk scale of the instrument of 0.71 for ages 13-19 and 0.77 for ages 4-12, over a six-month follow-up period. While these values indicate mild-moderate predictive validity, the follow-up period is short, and predictive validity has yet to be examined or established over a longer follow-up period, and awaits independent research.

The MEGA is intended for use with males and females aged 4 through 19, of all IQ levels; this is a remarkably wide range of potentially applicable assessment subjects for a single risk assessment instrument, including both young children and young adults. While the practical benefits of having a single instrument that can be used with so many different subjects are many, targeting such a wide range of subjects with a single instrument (in terms of age, gender and cognitive capacity) may inadvertently undermine the instrument’s capacity to predict recidivism accurately. In a study of almost 1,400 juvenile offenders, van der Put and colleagues (2011) found that the effect of both static and dynamic risk factors on recidivism, and hence predictive validity, varied by adolescent age. The researchers suggested not only that different risk assessment instruments be used for juveniles and adults, but that different instruments be used for different age groups **within** adolescence, as well.

Summary

Although empirical support for the predictive validity of the J-SOAP-II, ERASOR and JSORRAT-II is found in the literature, the instruments do not perform in a manner that suggests or proves their ability to accurately predict juvenile sexual recidivism (Caldwell et al., 2008; Viljoen et al., 2009; Vitacco, Viljoen & Petrila, 2009). As Knight, Ronis and Zakireh (2009) have stated, the relatively few studies of juvenile risk assessment instruments undertaken to date have not produced consistent evidence that either the J-SOAP-II, ERASOR or JSORRAT-II are effective in predicting sexual recidivism.¹³ Tests of the predictive accuracy of the instruments conducted by independent investigators have typically yielded mixed to poor results for both sexual and nonsexual risk, and especially for the prediction of sexual recidivism. Hence, none of the instruments has a consistently demonstrated record of predictive validity and, as, Viljoen, Mordell and Beneteau (2012) note, juvenile risk assessment instruments may be insufficient to make predictions that require a high degree of precision, such as situations in which the civil commitment of juveniles who commit sexual offenses is at stake or juveniles face the possibility of extended or lifetime sexual offender registration.

Until existing or new instruments are better validated, evaluations in this context will remain a complex balancing act between the need to provide the courts and other stakeholders with useful information and the serious limitations in empirically based knowledge about sexual risk. (Fanniff & Letourneau, 2012, pp. 403–404).

No juvenile risk assessment instrument has demonstrated consistent predictive validity.

Things to Come

The juvenile sexual risk assessment field continues to develop, and there is a significantly different type of risk assessment model on the horizon. Funded by the U.S. Department of Justice (grant # 2013-AW-BX-0053), Kim and Duwe (2016) describe the development of a statistical machine learning model they hope will address the field's fundamental approach to risk assessment. Machine learning involves mathematical algorithms, in which the assessment model iteratively learns from data in order to form predictions, in this case regarding sexual recidivism.

Based on a sample of over 3,000 juvenile offenders, Kim and Duwe (2016) describe the comparison of machine learning models against more traditional methods of risk prediction (comparing models for statistically estimating risk, not risk assessment instruments). In this study, one of several underway to build the model, machine learning models resulted in the highest area under the curve values for two-year and three-year follow-ups in the validation sample of 1,125 juvenile sexual offenders, ranging between 0.81 and 0.71, compared to values that ranged between 0.58 and 0.72 for more traditional models of prediction. As each prediction model was based on exactly the same set of information and variables, Kim and Duwe highlight the importance of how risk predictors were measured, and not simply what was measured or classified.

However, there is a tradeoff when it comes to statistical and computerized models of assessment and deriving information, not only about possible sexual recidivism, but, importantly, also the use of the risk assessment model as a means to inform, shape and guide treatment, and for the purposes of re-evaluation over time. That is, the possibility of gaining greater predictive power may also result in a loss of interpretive power and the capacity of risk assessment to understand youthful offenders and inform treatment. This juxtaposition of statistical (and in this case entirely computerized) and clinical assessment models raises questions about the role and nature of the risk assessment instrument/model in the larger and more comprehensive assessment of risk

designed to drive case management and treatment, rather than passively predicting future behavior. Indeed, as Kim and Duwe (2016) note, the black box process of machine learning is unable to provide guidance on how to identify and address treatment needs. This is a bridge to be crossed in the event that machine learning models for juvenile sexual risk assessment become a reality, possibly sometime within the next one to two years.

Protective Factors in Assessments of Juvenile Risk

Although risk factors are the foundation of virtually all risk assessment instruments, in recent years, and increasingly so, more attention has been given to protective factors and their role in mitigating the effects of risk factors. Protective factors have been described in the child and adolescent development literature, and their role in delinquency prevention has long been recognized. Their appearance in the forensic literature and consideration of protective factors in the process of evaluating and treating risk for juvenile sexual recidivism, however, are both relatively new (for example, Langton, & Worling, 2015; de Vries Robbé, Mann, Maruna & Thornton, 2015).

The relationship between risk and protective factors is complex. Jessor and colleagues (1995, 2014) describe risk and protection as opposite ends of the same constructs. They argue that risk and protective factors exist independently of one another, and are not statistically correlated. Similarly, Hall and colleagues (2012) view risk and protective factors as conceptually distinct (rather than opposite ends of a single dimension) and assert that it is not only possible, but essential to conceptualize and define risk and protective factors independently from one another. Regardless, it remains difficult to estimate the effects protective factors have on risk, even though the process of risk assessment arguably must take protective factors into account, and in addition there are different types of protective factors, include those that act directly and those that act indirectly, sometimes also known as promotive factors (Farrington & Ttofi, 2011)

In his critique of forensic risk assessment, Rogers (2000) describes assessment as inherently flawed if it pays attention only to risk factors without consideration of the presence, weight and action of protective factors. Similarly, Rutter (2003) describes the importance of paying attention to the possibility of factors that protect against antisocial behavior, as well as to those that fuel it. Although not referring to protective factors per se, in describing clinical predictions of risk Monahan (1995) noted the importance of giving balanced consideration to factors that indicate the absence of violent behavior, as well as those that suggest the recurrence of violence. Finally, several researchers have described the mitigating effects protective factors can have on risk, noting that these effects have direct implications for programming to reduce violent recidivism, as both risk and protective factors should be targets of intervention and treatment efforts (Lodewijks, de Ruiter & Doreleijers, 2010; Stouthamer-Loeber et al., 2002). Indeed, Lodewijks, de Ruiter and Doreleijers (2010, p. 584) stated, "We can safely conclude that protective factors should be an inextricable part of all risk assessment instruments used with youth."

Despite their importance in mitigating risk, protective factors are incorporated in few juvenile instruments at this time.

Despite the apparent importance of protective factors, few of the instruments commonly used with juveniles incorporate protective factors, and those that do either have no empirical support or are in development and have not yet been empirically validated. In fact, Worling, Bookalam and Litteljohn (2012) noted that very little research regarding factors that lead to the cessation of sexual offending behaviors for juveniles has

been undertaken to date, and that it will be important for future research to identify protective factors and determine how best to combine risk and protective factors to enhance judgments of future sexual behavior.

One of the first studies to examine the relationship of risk and protective factors to sexual and nonsexual recidivism was conducted by Spice and colleagues (2013) using a sample of adolescent males who committed sexual offenses. Although the study failed to find any protective factors that were statistically related to sexual recidivism or desistance, study findings nonetheless suggest there may be protective factors that are specific to sexual, rather than nonsexual, recidivism. Like Worling, Bookalam and Litteljohn (2012), the researchers called for more research on both risk and protective factors and the roles they play in sexual offending, and they specifically noted the need for studies that examine whether there are protective factors that apply to sexually abusive youth specifically. Since that time, a handful of studies have emerged that address the nature and role of protective factors in helping to reduce or buffer against sexual recidivism, but this research is in its early stages. Nevertheless, learning more about and understanding the mechanisms and effects of protective factors on risk for sexual reoffense will perhaps prove as difficult as better understanding the actions and complexities of risk factors. In their study, for example, Klein, Rettenberger, Yoon, Köhler and Briken (2015) found that the presence of protective factors failed to achieve any measurable effect on juvenile sexual recidivism, whereas van der Put and Asscher (2015) arrived at an opposite conclusion. In their study of sexually abusive youth, they found that the inclusion of protective factors in the risk assessment process added to increased predictive validity regarding sexual recidivism (although not in those juveniles who also had a history of violent offenses).

A handful of juvenile sexual risk assessment instruments are worth noting due to their assimilation of protective factors. These include the AIM2 (Print et al., 2007), the Juvenile Risk Assessment Tool (J-RAT) (Rich, 2011) and the previously mentioned MEGA (Miccio-Fonseca, 2010). However, the protective factors scales of these instruments have not yet been empirically tested, and so remain only theoretical instruments for clinical use and treatment planning at this time. The Protective Factors Scale (PFS) (Bremer, 2006) is not a risk assessment instrument, but was nevertheless developed specifically for work with sexually abusive youth and its sexuality scale reviews three elements specifically related to such behavior. However, the PFS has received scant attention from researchers and practitioners: It has not been subject to any form of validation and is not in general use in the field. More recently, the Desistance for Adolescents Who Sexually Harm (DASH-13) has become available for helping to incorporate protective factors into the process of risk assessment, and has been the subject of one research study. However, Zeng, Chu & Lee (2015) found that the instrument did not predict desistance from sexual or nonsexual recidivism.

Summary

Research concerning the factors that place juveniles at risk for sexual offending behavior and sexual recidivism is still in its infancy, as is research on the capacity of risk assessment instruments to accurately predict risk for sexual recidivism. Nevertheless, studies that have been undertaken to date provide some important insights about both issues.

First, the range of risk factors for juvenile sexual offending behavior and recidivism is relatively well defined, and the types and classes of factors that place youth at risk for sexually abusive behavior or sexual recidivism have been identified. However, our understanding of these factors and how they relate to sexual offending tends to be global rather than specific in nature. The role and effect of risk factors is fairly well understood, but the specific mechanisms through which risk factors develop and ultimately impact the behavior of children and adolescents are not. The effects of risk factors under different circumstances and their interactions with one another are particularly obscure. Moreover, research has not yet produced a universally agreed upon, finite and valid set of risk factors for sexually abusive behavior.

Second, the risk assessment instruments that are currently available for use with juveniles who sexually offend are far from empirically validated. In short, there is a lack of consistent, independently corroborated empirical evidence concerning both inter-rater reliability and the predictive validity of current juvenile sexual risk assessments, making it difficult to conclude with any degree of confidence that the instruments are scientifically valid. This raises concerns about the capacity of such instruments to reliably and accurately predict the risk of juvenile sexual recidivism or to inform either juvenile court decisions or public policy debates. While some validation research has produced promising findings, the evidence concerning the predictive accuracy of various instruments is mixed and inconsistent overall. Thus, Vitacco and colleagues (2009) describe current instruments as important developmental milestones in further refining the risk assessment process and method, but far from complete. Viljoen, Mordell and Beneteau (2012) also warn that such instruments are not yet capable of making precise and certain estimates of risk and should thus be used cautiously in legal procedures, such as the civil commitment of juveniles who commit sexual offenses or their placement onto sex offender registries.

Third, given the developmental processes that characterize both childhood and adolescence, there is a clear need for juvenile risk assessment instruments and processes to focus on estimates of short-term rather than long-term risk (Fanniff & Letourneau, 2012; Vitacco et al., 2009; Worling, Bookalam & Litteljohn, 2012). Participants in the Sex Offender Management Assessment and Planning Initiative forum expressed concern that estimates of risk reaching more than one to three years into the future are unlikely to sufficiently account for the fluid nature of child and adolescent development. However, the adoption of a short-term assessment model will likely mean that the manner in which juvenile risk instruments are used and researched will have to significantly change.

Finally, Rich (2011) and Spice and colleagues (2013) have argued for future research to study not only risk factors and the accuracy of risk assessment instruments, but also the nature of risk itself. They further argue that risk assessment instruments should be used as a platform for case management and treatment rather than for making “passive predictions of limited practical use” (Boer et al., 1997, p. 4). In this vein, Viljoen, Mordell and Beneteau (2012) write that despite the research focus on the prediction of sexual recidivism, these instruments are also intended to help manage risk and plan treatment to prevent reoffense. They note that increased attention to the utility of tools for these purposes will enable us to move beyond the **prediction** of sexual reoffense toward the **prevention** of sexual reoffense.

Regardless of the strength of the instrument, sound risk assessment requires well-trained risk evaluators who do not simply rely on risk scores when making decisions about a juvenile offender, particularly decisions with potentially lifelong consequences. As described in the psychological evaluation guidelines of the American Psychological Association (Turner et al., 2001), risk evaluators should use their professional training and knowledge of psychology, human behavior and social interactions to draw **clinical** conclusions. Even when using an actuarial assessment tool, it remains important for the evaluator to apply clinical judgment in the risk assessment process.

Indeed, SOMAPI national forum participants noted a need for the provision of federally funded training and technical assistance to ensure the development of well-trained evaluators who understand the nature of the risk assessment process and the limitations of assessment instruments that are currently available. Well-trained, knowledgeable evaluators are the best defense against the pitfalls associated with erroneous assumptions concerning the predictive accuracy or use of risk assessment instruments for juveniles who sexually offend. Those who use the results of juvenile risk assessments must also understand the strengths and weaknesses of the risk assessment process and the limitations of risk assessment instruments in use today, and particularly the lack of empirical evidence demonstrating their predictive accuracy.

Perhaps most important, risk assessment instruments must be integrated into a comprehensive assessment process that produces a thorough understanding of the juvenile who is being assessed. Risk assessment instruments certainly can play an important role in the process, but their current value arguably lies more in their ability to serve as a basis for case management and treatment rather than in their capacity to accurately predict risk. The role that risk assessment instruments can play in identifying the presence of dynamic risk factors that provide targets for treatment is particularly important, as is the role they can play in identifying the presence of protective factors and their potentially mitigating effects on risk. Indeed, participants in the 2012 SOMAPI forum recommended that protective factors be incorporated into juvenile risk assessment instruments, both those currently in use and those that will be developed in the future. Future research should be concerned with expanding the knowledge base concerning both risk and protective factors, including the mechanisms through which they affect the propensity to reoffend, particularly in combination with one another.

Finally, better risk assessment instruments for juveniles who sexually offend and better trained evaluators are both needed. In describing the “covenant” between the developers and users of risk assessment instruments, Rich (2009) underscored how important well-designed instruments and trained, experienced evaluators are for effective professional practice. As Ward, Gannon and Birgden (2007, p. 207) aptly stated in discussing the responsibility of the instrument end user:

Practitioners have obligations to always use such measures appropriately, ensure they are trained in their administration and, most importantly, make sure that the assessment process culminates in an etiological formulation that is based around the individual’s features alongside those they share with other offenders.

Notes

1. The base rate refers to the frequency with which a defined situation occurs, or its incidence rate.
2. Juvenile Sex Offender Assessment Protocol-II (J-SOAP-II).
3. Juvenile Sexual Offense Recidivism Risk Assessment Tool-II (JSORRAT-II).
4. Inter-rater reliability refers to the consistency of a measure or tool in giving the same result when the same information is collected and assessed by different evaluators.
5. Rich (2011) identified 101 risk factors for juvenile sexually abusive behavior and more have since been described in the literature.
6. The meta-analysis involved a combined sample of almost 3,900 adolescent male sexual offenders. In this meta-analysis, Seto and Lalumière described deviant sexual interest as “atypical” sexual interest.
7. The meta-analysis involved nine studies.
8. An intra-class correlation coefficient greater than 0.75 indicates a high level of inter-rater consistency.
9. However, receiver operating characteristic scores and resulting area under the curve values have been increasingly used in the assessment of the predictive validity of risk assessment instruments.
10. Eighteen juveniles were excluded from the breakdown into subgroups due to unavailable data regarding prior sexual and nonsexual offenses.

11. Viljoen and colleagues studied the J-SOAP-II, ERASOR, JSORRAT-II and Static-99, an adult risk assessment instrument. Overall, the meta-analysis consolidated 33 studies involving more than 6,000 male adolescent sexual offenders.
12. The other instruments in the study were the Hare Psychopathy Checklist: Youth Version (PCL:YV) and the Youth Level of Service/Case Management Inventory (YLS/CMI), which are designed to assess and predict risk for juvenile nonsexual violence and aggression, respectively; and Static-99, an adult actuarial risk assessment instrument.
13. Also see Hempel et al. (2011). In their review of juvenile sexual risk assessment instruments, the researchers conclude that “the predictive validities of the risk assessment instruments for JSOs are still insufficient to accurately predict recidivism” (p. 16).

References

- Aebi, M., Plattner, B., Steinhausen, H.C. & Bessler, C. (2011). Predicting sexual and non-sexual recidivism in a consecutive sample of juveniles convicted of sexual offences. *Sexual Abuse: A Journal of Research and Treatment, 23*, 456–473.
- Ægisdóttir, S., White, M.J., Spengler, P.M., Maugherman, A.S., Anderson, L.A., Cook, R.S., Nichols, C.N., Lampropoulos, G.K., Walker, B.S., Cohen, G.R. & Rush, J.D. (2006). The meta-analysis of clinical judgment project: Fifty-six years of accumulated research on clinical versus statistical prediction. *The Counseling Psychologist, 34*, 341–382.
- Allan, M., Grace, R.C., Rutherford, B. & Hudson, S.M. (2007). Psychometric assessment of dynamic risk factors for child molesters. *Sexual Abuse: A Journal of Research and Treatment, 19*, 347–367.
- Andrews, D.A., Bonta, J. & Wormith, S.J. (2006). The recent past and near future of risk and/or need assessment. *Crime and Delinquency, 52*, 7–27.
- Beggs, S.M. & Grace, R.C. (2011). Treatment gain for sexual offenders against children predicts reduced recidivism: A comparative validity study. *Journal of Consulting and Clinical Psychology, 79*, 182–192.
- Boccaccini, M.T., Murrie, D.C., Mercado, C., Quesada, S., Hawes, S., Rice, A.K. & Jeglic, E.L. (2012). Implications of Static99 field reliability findings for score use and reporting. *Criminal Justice and Behavior, 39*, 42–58.
- Boer, D.P., Hart, S.D., Kropp, P.R. & Webster, C.D. (1997). *Manual for the Sexual Violence Risk-20*. Burnaby, BC: The Mental Health, Law, & Policy Institute, Simon Fraser University.
- Bonta, J. (1996). Risk-needs assessment and treatment. In A.T. Harland (Ed.), *Choosing Correctional Options That Work: Defining the Demand and Evaluating the Supply* (pp. 18–32). Thousand Oaks, CA: Sage Publications.
- Bonta, J. (2002). Offender risk assessment: Guidelines for selection and use. *Criminal Justice and Behavior, 29*, 355–379.
- Bonta, J. & Andrews, D.A. (2007). *Risk-Need-Responsivity Model for Offender Assessment and Rehabilitation*. Ottawa, ON: Public Safety Canada.

Bremer, J. (2006). Protective factors scale: Determining the level of intervention for youth with harmful sexual behavior. In D.S. Prescott (Ed.), *Risk Assessment of Youth Who Have Sexually Abused* (pp. 195–221). Oklahoma City, OK: Wood & Barnes.

Caldwell, M.F. (2013). Accuracy of sexually violent person assessments of juveniles adjudicated for sexual offenses. *Sexual Abuse: A Journal of Research and Treatment, 25*, 516–526.

Caldwell, M.F. & Dickinson, C. (2009). Sex offender registration and recidivism risk in juvenile sexual offenders. *Behavioral Sciences & the Law, 27*, 941–956.

Caldwell, M.F., Ziemke, M. & Vitacco, M.J. (2008). An examination of SORNA as applied to juveniles. Evaluating the ability to predict sexual recidivism. *Psychology, Public Policy, and Law, 14*, 89–114.

Campbell, T.W. (2004). *Assessing Sex Offenders: Problems and Pitfalls*. Springfield, IL: Charles C. Thomas.

Carpentier, J. & Proulx, J. (2011). Correlates of recidivism among adolescents who have sexually offended. *Sexual Abuse: A Journal of Research and Treatment, 24*, 434–455.

Casey, E.A., Beadnell, B. & Lindhorst, T.P. (2009). Predictors of sexually coercive behavior in a nationally representative sample of adolescent males. *Journal of Interpersonal Violence, 24*, 1129–1147.

Chu, C.M., Ng, K., Fong, J. & Teoh, J. (2012). Assessing youth who sexually offended: The predictive validity of the ERASOR, J-SOAP-II and YLS/CMI in a nonwestern context. *Sexual Abuse: A Journal of Research and Treatment, 24*, 153–174.

Craig, L.A., Browne, K.D. & Stringer, I. (2004). Comparing sex offender risk assessment measures on a UK sample. *International Journal of Offender Therapy and Comparative Criminology, 48*, 7–27.

DeMatteo, D., Wolbransky, M. & LaDuke. (2016). Risk assessment with juveniles. In Heilbrun, K., D. DeMatteo & N.E.S. Goldstein (Eds.), *APA handbook of psychology and juvenile justice* (pp. 365–384). Washington, DC: American Psychological Association.

de Vries Robbé, M., Mann, R.E., Maruna, S. & Thornton, D. (2015). An exploration of protective factors supporting desistance from sexual offending. *Sexual Abuse: A Journal of Research and Treatment, 27*, 16–33.

Epperson, D.L. & Ralston, C.A. (2009). Validation of the Juvenile Sexual Offender Recidivism Risk Assessment Tool-II (JSORRAT-II) in Iowa. Paper presented at the 28th Annual Research and Treatment Conference of the Association for the Treatment of Sexual Offenders, Dallas, TX.

Epperson, D.L. & Ralston, C.A. (2015). Development and validation of the Juvenile Sexual Offense Recidivism Risk Assessment Tool-II. *Sexual Abuse: A Journal of Research and Treatment, 27*, 529–558.

Epperson, D.L., Ralston, C.A. & Edwards, S. (2009). Juvenile Sexual Offense Recidivism Risk Assessment Tool-II (JSORRAT-II): Updated Research on Reliability and Validity. Paper presented at the 13th Annual Research and Treatment Conference of the Association for the Treatment of Sexual Offenders, Brooklyn Park, MN.

Epperson, D.L., Ralston, C.A., Fowers, D., Dewitt, J. & Gore, K.S. (2006). Actuarial risk assessment with juveniles who sexually offend: Development of the Juvenile Sexual Offense Recidivism Risk Assessment Tool-II (JSORRAT-II). In D.S. Prescott (Ed.), *Risk Assessment of Youth Who Have Sexually Abused: Theory, Controversy, and Emerging Strategies* (pp. 118–169). Oklahoma City, OK: Wood & Barnes.

- Epps, K.J. (1997). Managing risk. In M.S. Hoghugh (Ed.), *Working With Sexually Abusive Adolescents* (pp. 35–51). Thousand Oaks, CA: Sage Publications.
- Fan, J., Upadhye, S., & Worster, A. (2006). Understanding receiver operating characteristic (ROC) curves. *Canadian Journal of Emergency Medicine, 8*, 19–20.
- Fanniff, A.M. & Letourneau, E.J. (2012). Another piece of the puzzle: Psychometric properties of the J-SOAP-II. *Sexual Abuse: A Journal of Research and Treatment, 24*, 378–408.
- Fanniff, A.M. & Letourneau, E.J. (2014). Keep testing the taters: Fanniff and Letourneau reply. *Sexual Abuse: A Journal of Research and Treatment, 26*, 401–405.
- Farrington, D.P. & Ttofi, M.M. (2011). Protective and promotive factors in the development of offending. In T. Bliesener, A. Beelmann & M. Stemmler (Eds.). *Antisocial behavior and crime: Contributions of developmental and evaluation research to prevention and intervention* (pp. 71–88). Cambridge, MA: Hogrefe Publishing.
- Graham, F., Richardson G. & Bhate, S. (1997). Assessment. In M.S. Hoghugh (Ed.), *Working With Sexually Abusive Adolescents* (pp. 52–91). Thousand Oaks, CA: Sage Publications.
- Grisso, T. (2000). Ethical issues in evaluations for sex offender re-offending. Invited address presented at Sinclair Seminars, Madison, WI.
- Grove, W.M. & Lloyd, M. (2006). Meehl's contribution to clinical versus statistical prediction. *Journal of Abnormal Psychology, 115*, 192–194.
- Grubin, D. (2011). A large-scale evaluation of Risk Matrix 2000 in Scotland. *Sexual Abuse: A Journal of Research and Treatment, 23*, 419–433.
- Gunby, C. & Woodhams, J. (2010). Sexually deviant juveniles: Comparisons between the offender and offence characteristics of "child abusers" and "peer abusers." *Psychology, Crime & Law, 16*, 47–64.
- Hall, J.E., Simon, T.R., Mercy, J.A., Loeber, R., Farrington, D.P. & Lee, R.D. (2012). Centers for Disease Control and Prevention's expert panel on protective factors for youth violence perpetration: Background and overview. *American Journal of Preventative Medicine, 43*(2; supplement 1) S1–S7.
- Hannah-Moffat, K. & Maurutto, P. (2003). *Youth Risk/Need Assessment: An Overview of Issues and Practices*. Ottawa, ON: Department of Justice Canada, Youth Justice Policy, Research and Statistics Division.
- Hanson, R.K. & Bussière, M.T. (1998). Predicting relapse: A meta-analysis of sexual offender recidivism studies. *Journal of Consulting and Clinical Psychology, 66*(2), 348–362.
- Hanson, R.K. & Morton-Bourgon, K.E. (2005). The characteristics of persistent sexual offenders: A meta-analysis of recidivism studies. *Journal of Consulting and Clinical Psychology, 6*, 1154–1163.
- Hanson, R.K. & Morton-Bourgon, K.E. (2007). *The Accuracy of Recidivism Risk Assessments for Sexual Offenders: A Meta-Analysis*. Ottawa, ON: Public Safety Canada.
- Hanson, R.K. & Thornton, D. (1999). *Static 99: Improving Actuarial Risk Assessment for Sex Offenders*. Ottawa, ON: Department of the Solicitor General of Canada.

- Hanson, R.K. & Thornton, D. (2000). Improving risk assessments for sex offenders: A comparison of three actuarial scales. *Law and Human Behavior, 24*, 119–136.
- Harris, G. & Rice, M. (2007). Characterizing the value of actuarial violence risk assessments. *Criminal Justice and Behavior, 34*, 1638–1658.
- Hart, S.D., Kropp, P.R., Laws, R.D., Klaver, J., Logan, C. & Watt, K.A. (2003). *The Risk for Sexual Violence Protocol (RSVP): Structured Professional Guidelines for Assessing Risk of Sexual Violence*. Burnaby, BC: Mental Health, Law, & Policy Institute, Simon Fraser University.
- Hart, S.D., Michie, C. & Cooke, D.J. (2007). Precision of actuarial risk assessment instruments: Evaluating the “margins of error” of group v. individual predictions of violence. *British Journal of Psychiatry, 190* (suppl. 49), s60–s65.
- Hecker, J. (2014). Baby with the bath water: Response to Fanniff and Letourneau. *Sexual Abuse: A Journal of Research and Treatment, 26*, 395–400.
- Heilbrun, K., Lee, R. & Cottle, C.C. (2005). Risk factors and intervention outcomes: Meta-analyses of juvenile offending. In K. Heilbrun, N.E. Goldstein & R. Redding (Eds.), *Juvenile Delinquency: Prevention, Assessment, and Intervention* (pp. 111–133). New York: Oxford University Press.
- Hempel, I., Buck, N., Cima, M. & van Marle, H. (2013). Review of risk assessment instruments for juvenile sex offenders: What is next? *International Journal of Offender Therapy and Comparative Criminology, 57*(2), 208–228.
- Hiscox, S.P., Witt, P.H. & Haran, S.J. (2007). Juvenile Risk Assessment Scale (JRAS): A predictive validity study. *The Journal of Psychiatry & Law, 35*, 503–539.
- Jessor, R. & Turbin, M.S. (2014) Parsing protection and risk for problem behavior versus pro-social behavior among US and Chinese adolescents. *Journal of Youth and Adolescence, 43*, 1037–1051.
- Jessor, R., Van Den Bos, J., Vanderryn, J., Costa, F.M., & Turbin, M.S. (1995). Protective factors in adolescent problem behavior: Moderator effects and developmental change. *Developmental Psychology, 31*, 923–933.
- Kim, K. & Duwe, G. (2016, October). Improving the performance of risk assessments: A case study on the prediction of sexual offending among juvenile offenders. In F. S. Taxman (Ed.), *Handbook on risk and need assessment: Theory and practice. ASC Division on Corrections & Sentencing Handbook series* (pp. not yet assigned), NY: Routledge.
- Klein, V., Rettenberger, M., Yoon, D., Köhler, N. & Briken, P. (2015). Protective factors and recidivism in accused juveniles who sexually offend. *Sexual Abuse: A Journal of Research and Treatment, 27*, 71–90.
- Knight, R.A. & Sims-Knight, J.E. (2003). The developmental antecedents of sexual coercion against women: Testing alternative hypotheses with structural equation modeling. *Annals of the New York Academy of Sciences, 989*, 72–85.
- Knight, R.A. & Sims-Knight, J. (2004). Testing an etiological model for male juvenile sexual offending against females. In R. Geffner, K.C. Franey., T.G. Arnold, & R. Falconer (Eds.), *Identifying and Treating Youth Who Sexually Offend: Current Approaches, Techniques, and Research* (pp. 33–55). Binghamton, NY: Haworth Press.

- Knight, R.A., Ronis, S.T. & Zakireh, B. (2009). Bootstrapping persistence risk indicators for juveniles who sexually offend. *Behavioral Sciences and the Law*, 27, 878–909.
- Krahé, B., & Vanwesenbeeck, I. (2016). Mapping an agenda for the study of youth sexual aggression in Europe: Assessment, principles of good practice and the multilevel analysis of risk factors. *Journal of Sexual Aggression*, 33, 161–176.
- Långström, N. (2011). Long-term follow-up of criminal recidivism in young sex offenders: Temporal patterns and risk factors. *Psychology, Crime & Law*, 8, 41–58.
- Langton C.M. & Worling, J.M. (2015). Introduction to the special issues on factors positively associated with desistance for adolescents and adults who have sexually offended. *Sexual Abuse: A Journal of Research and Treatment*, 27, 3–15.
- Leroux, E.J., Pullman, L.E., Motayne, G. & Seto, M.C. (2016). Victim age and the generalist versus specialist distinction in adolescent sexual offending. *Sexual Abuse: A Journal of Research and Treatment*, 28, 79–95.
- Litwack, T.R. (2001). Actuarial versus clinical assessments of dangerousness. *Psychology, Public Policy, and Law*, 7, 409–443.
- Lodewijks, H.P.B., de Ruiter, C. & Doreleijers, T.A.H. (2010). The impact of protective factors in desistance from violent reoffending: A study in three samples of adolescent offenders. *Journal of Interpersonal Violence*, 25, 568–587.
- Looman, J. & Abracen, J. (2013). The Risk Need Responsivity Model of Offender Rehabilitation: Is There Really a Need For a Paradigm Shift? *International Journal of Behavioral Consultation and Therapy*, 8, 30–36.
- Mallie, A.L., Viljoen, J.L., Mordell, S., Spice, A. & Roesch, R. (2011). Childhood abuse and adolescent sexual reoffending: A metaanalysis. *Child and Youth Care Forum*, 40, 401–417.
- Martinez, R., Flores, J. & Rosenfeld, B. (2007). Validity of the Juvenile Sex Offender Assessment Protocol-II in a sample of urban minority youth. *Criminal Justice and Behavior*, 34, 1284–1295.
- McCann, K. & Lussier, P. (2008). Antisociality, sexual deviance and sexual reoffending in juvenile sex offenders: A meta-analytical investigation. *Youth Violence and Juvenile Justice*, 6, 363–385.
- McGrath, A. & Thompson, A.P. (2012). The relative predictive validity of the static and dynamic domain scores in riskneed assessment of juvenile offenders. *Criminal Justice and Behavior*, 39, 250–263.
- Meehl, P.E. (1996). *Clinical Versus Statistical Prediction: A Theoretical Analysis and a Review of the Literature*. Northvale, NJ: Jason Aronson.
- Miccio-Fonseca, L.C. (2009). MEGA: A new paradigm in protocol assessing sexually abusive children and adolescents. *Journal of Child & Adolescent Trauma*, 2, 1–18.
- Miccio-Fonseca, L.C. (2010). MEGA: An ecological risk assessment tool of risk and protective factors for assessing sexually abusive children and adolescents. *Journal of Aggression, Maltreatment & Trauma*, 19, 734–756.
- Miccio-Fonseca, L.C. (2013). MEGA: A new paradigm in risk assessment tools for sexually abusive youth. *Journal of Family Violence*, 28, 623–634.

Miner, M.H., Swinburne Romine, R. Robinson, B.E., Berg, D. & Knight, R.A. (2016). Anxious attachment, social isolation and indicators of sex drive and compulsivity: Predictors of child sexual abuse perpetration in adolescent males? *Sexual Abuse: A Journal of Research and Treatment*, 28, 132–153.

Monahan, J. (1995). *The Clinical Prediction of Violent Behavior*. Northvale, NJ: Jason Aronson.

Monahan, J. & Steadman, H.J. (1994). *Violence and Mental Disorder: Developments in Risk Assessment*. Chicago: University of Chicago Press.

Monahan, J., Steadman, H.J., Silver, E., Appelbaum, P.S., Robbins, P.C., Mulvey, E.P., Roth, L.H., Grisso, T. & Banks, S. (2001). *Rethinking Risk Assessment: The MacArthur Study of Mental Disorder and Violence*. New York: Oxford University Press.

Murrie, D.C., Boccaccini, M.T., Turner, D.B., Meeks, M., Woods, C. & Tussey, C. (2009). Rater (dis)agreement on risk assessment measures in sexually violent predator proceedings: Evidence of adversarial allegiance in forensic evaluation. *Psychology, Public Policy, and Law*, 15, 19–53.

Olver, M.E. & Wong, S.C.P. (2009). Therapeutic responses of psychopathic sexual offenders: Treatment attrition, therapeutic change and long-term recidivism. *Journal of Consulting and Clinical Psychology*, 77, 328–336.

Parks, G.A. & Bard, D.E. (2006). Risk factors for adolescent sex offender recidivism: Evaluation of predictive factors and comparison of three groups based upon victim type. *Sexual Abuse: A Journal of Research and Treatment*, 18, 319–342.

Pedersen, L., Rasmussen, K. & Elsass, P. (2010). Risk assessment: The value of structured professional judgments. *International Journal of Forensic Mental Health*, 9, 74–81.

Powers-Sawyer, A.B. & Miner, M.H. (2009). Actuarial prediction of juvenile recidivism: The static variables of the Juvenile Sex Offender Assessment Protocol-II (J-SOAP-II). *Sexual Offender Treatment*, 4(2), 1–11.

Prentky, R.A., Li, N., Righthand, S., Schuler, A., Cavanaugh, D. & Lee, A.F. (2010). Assessing risk of sexually abusive behavior among youth in a child welfare sample. *Behavioral Sciences and the Law*, 28, 24–45

Prentky, R.A., Righthand, S. & Lamade, R. (2016). In Heilbrun, K., D. DeMatteo, & N. E. S. Goldstein (Eds.), *APA handbook of psychology and juvenile justice* (pp. 641–672). Washington, DC: American Psychological Association.

Print, B., Griffin, H., Beech, A., Quayle, J., Bradshaw, H., Henniker, J. & Morrison, T. (2007). *The AIM2 Model of Initial Assessment: Guidance Document*. (Available from the AIM Project, 14 Carolina Way, Salford M50 2ZY, England).

Quinsey, V.L., Harris, G.T., Rice, M.E. & Cormier, C.A. (1998). *Violent Offenders: Appraising and Managing Risk*. Washington, DC: American Psychological Association.

Quinsey, V.L., Harris, G.T., Rice, M.E. & Cormier, C.A. (2006). *Violent Offenders: Appraising and Managing Risk*, 2d ed. Washington, DC: American Psychological Association.

Quinsey, V.L., Skilling, T.A., Lalumiere, M.L. & Craig, W.M. (2004). *Juvenile delinquency: Understanding the origins of individual differences*. Washington, DC: American Psychological Association.

- Rajlic, G. & Gretton, H.M. (2010). An examination of two sexual recidivism risk measures in adolescent offenders: The moderating effect of offender type. *Criminal Justice and Behavior*, *37*, 1066–1085.
- Ralston, C.A. & Epperson, D.L. (2012). Validation of the JSORRAT-II in Iowa: Update and Expansion. Paper presented at the 31st Annual Research and Treatment Conference of the Association for the Treatment of Sexual Abusers, Denver, CO.
- Ralston, C.A., Epperson, D.L. & Edwards, S.R. (2014). Cross-validation of the JSORRAT-II in Iowa. *Sexual Abuse: A Journal of Research and Treatment*. Advance online publication. Doi: 10.1177/1079063214548074.
- Rettenberger, M., Boer, D.P. & Eher, R. (2011). The predictive accuracy of risk factors in the Sexual Violence Risk-20 (SVR-20). *Criminal Justice and Behavior*, *38*, 1009–1027.
- Rich, P. (2009). *Juveniles Who Commit Sexual Offenses: A Comprehensive Guide to Risk Evaluation*. Hoboken, NJ: John Wiley & Sons.
- Rich, P. (2011). *Understanding Juveniles Who Commit Sexual Offenses: Assessment, Treatment, and Rehabilitation*, 2nd ed. Hoboken, NJ: John Wiley & Sons.
- Roberts, C., Doren, D.M. & Thornton, D. (2002). Dimensions associated with assessments of sex offender recidivism risk. *Criminal Justice and Behavior*, *29*, 569–589.
- Rogers, R. (2000). The uncritical assessment of risk assessment in forensic practice. *Law and Human Behavior*, *24*, 595–605.
- Rutter, M. (2003). Crucial paths from risk to causal mechanisms. In B.B. Lahey, T.E. Moffitt & A. Caspi (Eds.), *Causes of Conduct Disorder and Juvenile Delinquency* (pp. 3–24). New York: Guilford Press.
- Sampson, R. J. & Laub, J.H. (2003). Life-course desisters? Trajectories of crime among delinquent boys followed to age 70. *Criminology*, *41*, 555–592.
- Schmidt, F., Sinclair, S.M. & Thomasdótt, S. (2016). Predictive validity of the Youth Level of Service/Case Management Inventory with youth who have committed sexual and non-sexual offenses: The utility of professional override. *Criminal Justice and Behavior*, *43*, 413–430.
- Schwalbe, C.S. (2008). A meta-analysis of juvenile justice risk assessment instruments: Predictive validity by gender. *Criminal Justice and Behavior*, *35*, 1367–1381.
- Seto, M.C. & Lalumière, M.L. (2010). What is so special about male adolescent sexual offending? A review and test of explanations through meta-analysis. *Psychological Bulletin*, *4*, 526–575.
- Singh, J.P. (2013). Predictive validity performance indicators in violence risk assessment: A methodological primer *Behavioral Sciences and the Law*, *31*, 8–22.
- Singh, J.P., Grann, M. & Fazel, S. (2011). A comparative study of violence risk assessment tools: A systematic review and metaregression analysis of 68 studies involving 25,980 participants. *Clinical Psychology Review*, *31*, 499–513.
- Singh, J.P. (2014). Five opportunities for innovation in violence risk assessment research. *Journal of Threat Assessment and Management*, *1*, 179–184.

- Singh, J.P., Desmarais, S.L. & Van Dorn, R.A. (2013). Measurement of predictive validity in violence risk assessment studies: A second-order systematic review. *Behavioral Sciences and the Law*, *31*, 55–73.
- Sjöstedt, G. & Grann, M. (2002). Risk assessment: What is being predicted by actuarial prediction instruments? *International Journal of Forensic Mental Health*, *1*, 179–183.
- Spice, A., Viljoen, J.L., Lutzman, N.E., Scalora, M.J. & Ullman, D. (2013). Risk and protective factors for recidivism among juveniles who have offended sexually. *Sexual Abuse: A Journal of Research and Treatment*, *25*(4), 347–369.
- Steadman, H.J., Silver, E., Monahan J., Appelbaum, P.S., Robbins, P.C., Mulvey, E.P., Grisso, T., Roth, L.H. & Banks, S. (2000). A classification tree approach to the development of actuarial violence risk assessment tools. *Law and Human Behavior*, *24*, 83–100.
- Steinberg, L. (2009). Should the science of adolescent brain development inform public policy? *American Psychologist*, *64*(8), 739–750.
- Steinberg, L. (2010). A behavioral scientist looks at the science of adolescent brain development. *Brain and Cognition*, *72*, 160–164.
- Steinberg, L. & Scott, E.S. (2003). Less guilty by reason of adolescence. *American Psychologist*, *58*, 1009–1018.
- Stockdale, K.C., Olver, M.E. & Wong S.C.P. (2013). The validity and reliability of the Violence Risk Scale-Youth Version in a diverse sample of violent young offenders. *Criminal Justice and Behavior*, *41*, 114–138.
- Stouthamer-Loeber, M., Loeber, R., Wei, E., Farrington, D.P. & Wikström, P.O. (2002). Risk and promotive effects in the explanation of persistent serious delinquency in boys. *Journal of Consulting and Clinical Psychology*, *70*, 111–123.
- Streiner, D.L. & Cairney, J. (2007). What's Under the ROC? An Introduction to Receiver Operating Characteristics Curves. *The Canadian Journal of Psychiatry*, *52*, 121–128.
- Turner, S.M., DeMers, S.T., Fox, H.R. & Reed, G.M. (2001). APA's guidelines for test user qualifications: An executive summary. *American Psychologist*, *56*, 1099–1113.
- van der Put, C.E. (2014). Youth Actuarial Risk Assessment Tool (Y-ARAT): The development of an actuarial risk assessment instrument for predicting general offense recidivism on the basis of police records. *Assessment*, *21*, 340–351.
- van der Put, C.E. & Asscher, J.J. (2015). Protective factors in male adolescents with a history of sexual and/or violent offending: A comparison between three subgroups. *Sexual Abuse: A Journal of Research and Treatment*, *27*, 109–126.
- van der Put, C.E., Dekovic, M., Stams, G.J.J.M., van der Laan, P.H., Hoeve, M. & van Amelsfort, L. (2011). Changes in risk factors during adolescence: Implications for risk assessment. *Criminal Justice and Behavior*, *38*, 248–262.
- van der Put, C.E., van Vugt, E.S., Stams, G.J.J.M., Deković, M. & van der Laan, P.H. (2013). Differences in the prevalence and impact of risk factors for general recidivism between different types of juveniles who have committed sexual offenses (JSOs) and juveniles who have committed non-sexual offenses (NSOs). *Sexual Abuse: A Journal of Research and Treatment*, *25*, 41–68.

- Viljoen, J.L., Brodersen, E., Shaffer, C. & McMahon, R.J. (2016). In Heilbrun, K., D. DeMatteo, & N.E.S. Goldstein (Eds.), *APA Handbook of Psychology and Juvenile Justice* (pp. 517–544). Washington, DC: American Psychological Association.
- Viljoen, J.L., Elkovitch, N., Scalora, M.J. & Ullman, D. (2009). Assessment of reoffense risk in adolescents who have committed sexual offenses: Predictive validity of the ERASOR, PCL:YV, YLS/CMI and Static-99. *Criminal Justice and Behavior, 36*, 981–1000.
- Viljoen, J.L., Mordell, S. & Beneteau, J.L. (2012). Prediction of adolescent sexual reoffending: A meta-analysis of the J-SOAP-II, ERASOR, J-SORRAT-II and Static-99. *Law and Human Behavior, 36*(5), 423–438.
- Viljoen, J.L., Scalora, M., Cuadra, L., Bader, S., Chávez, V., Ullman, D. & Lawrence, L. (2008). Assessing risk for violence in adolescents who have sexually offended: A comparison of the J-SOAP-II, JSORRAT-II and SAVRY. *Criminal Justice and Behavior, 35*, 5–23.
- Vitacco, M.J., Caldwell, M., Ryba, N.L., Malesky, A. & Kurus, S.J. (2009). Assessing risk in adolescent sexual offenders: Recommendations for clinical practice. *Behavioral Sciences and the Law, 27*, 929–940.
- Vitacco, M.J., Viljoen, J. & Petrila, J. (2009). Introduction to this issue: Adolescent sexual offending. *Behavioral Sciences and the Law, 27*, 857–861.
- Ward, T., Gannon, T.A. & Birgden, A. (2007). Human rights and the assessment and treatment of sexual offenders. *Sexual Abuse: A Journal of Research and Treatment, 19*, 195–216.
- Webster, C.D., Douglas, K.S., Eaves, D. & Hart, S.D. (1997). Assessing risk of violence to others. In C.D. Webster & M.A. Jackson (Eds.), *Impulsivity: Theory, Assessment, and Treatment* (pp. 251–277). New York: Guilford Press
- Will, D. (1999). Assessment issues. In M. Erooga & H. Masson (Eds.), *Children and Young People Who Sexually Abuse Others: Challenges and Responses* (pp. 86–103). London, England: Routledge.
- Wollert, R. (2006). Low base rates limit expert certainty when current actuarials are used to identify sexually violent predators: An application of Bayes's Theorem. *Psychology, Public Policy, and Law, 12*, 56–85.
- Worling, J.R., Bookalam, D. & Litteljohn, A. (2012). Prospective validity of the Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR). *Sexual Abuse: A Journal of Research and Treatment, 24*, 203–223.
- Worling, J.R. & Långström, N. (2003). Assessment of criminal recidivism risk with adolescents who have offended sexually. *Trauma, Violence, and Abuse, 4*, 341–362.
- Worling, J.R. & Långström, N. (2006). Risk of sexual recidivism in adolescents who sexually offend. In H.E. Barbaree & W.L. Marshall (Eds.), *The Juvenile Sexual Offender*, 2d ed. (pp. 219–247). New York: Guilford Press.
- Yates, P.M. (2013). Treatment of Sexual Offenders: Research, Best Practices, and Emerging Models. *International Journal of Behavioral Consultation and Therapy, 8*, 89–95.
- Zeng, G., Chu, C.M. & Lee, Y. (2015). Assessing protective factors of youth who sexually offended in Singapore: Preliminary evidence of the DASH-13 and the SAPROF-YV. *Sexual Abuse: A Journal of Research and Treatment, 27*, 91–108.

Zhu, W., Zeng, N. & Wang, N. (2010, November). Sensitivity, specificity, accuracy, associated confidence interval and ROC analysis with practical SAS implementations. NESUG/SAS Conference Proceedings: November 14–17, 2010, Baltimore, Maryland.

Zimring, F.E. (2004). *An American Tragedy: Legal Responses to Adolescent Sexual Offending*. Chicago: University of Chicago Press.

Chapter 5: Effectiveness of Treatment for Juveniles Who Sexually Offend

by Roger Przybylski

FINDINGS

- ◆ Single studies have consistently found at least modest treatment effects for both sexual and nonsexual recidivism.
- ◆ Meta-analysis studies have also consistently found that sex offender treatment works, particularly multisystemic and cognitive-behavioral treatment approaches.
- ◆ Cost-benefit analysis also demonstrates that sex offender treatment programs for youth can provide a positive return on taxpayer investment.

Introduction

Sex offenders have received considerable attention in recent years from both policymakers and the public. This is due at least in part to the profound impact that sex crimes have on victims and the larger community. While most perpetrators of sex crimes are adults, a significant percentage of sexual offenders are under age 18.

Given the prevalence of sexual offending by juveniles, and the potential links between sexually abusive behavior during adolescence or childhood and sexual offending later in life, therapeutic interventions for juveniles have become a staple of sex offender management practice in jurisdictions across the country. Indeed, the number of treatment programs for juveniles who commit a sexual offense has increased significantly over the past 30 years. Worling and Curwen (2000), for example, reported that only one specialized treatment program for adolescent sexual offenders was operating in the United States in 1975. By 1995, the number of programs serving juveniles had increased to more than 600. In 2008, more than one-half (699) of the approximately 1,300 sex-offender-specific treatment programs operating in the United States provided treatment services to juveniles. While most (494) of the juvenile programs in 2008 provided treatment services to adolescents, about 30 percent (205) provided services to children 11 years old and younger. Overall, adolescents accounted for about 23 percent and children 11 years old and younger accounted for about 3 percent of all clients (adult and juvenile) treated in sex-offender-specific treatment programs in the United States in 2008 (McGrath et al., 2010).

Treatment approaches for juveniles who commit sexual offenses also have changed since the 1970s. For many years, treatment for juveniles was largely based on models used with adult sexual offenders. However, as knowledge about the developmental, motivational and behavioral differences between juvenile and adult sexual offenders has increased, therapeutic interventions for juveniles have become more responsive to the diversity of sexually abusive behaviors and the specific offending-related factors found among adolescents and children.

***Juveniles who commit sexual offenses are
diverse in terms of offending behaviors
and future public safety risk.***

Juveniles who commit sexual offenses are clearly quite diverse in terms of offending behaviors and future risk to public safety. In fact, they appear to have far more in common with other juvenile delinquents than they do with adult sexual offenders. This is a common theme in the literature, and the diversity found in the offending behavior and risk levels of juveniles who commit sexual offenses, as well as **the dissimilarity that exists between juveniles who commit sexual offenses and their adult counterparts, were both acknowledged by the experts at the SOMAPI forum.** Juveniles are generally more impulsive and less aware of the consequences of their behavior than adults. And while a few sexually abusive behaviors in youth are compulsive and reflective of a recurrent pattern of social deviance, others may be more isolated and **not** indicative of a long-term behavior pattern. Therapeutic interventions for juveniles are increasingly taking this diversity into account, along with family, peer and other social correlates that are related to sexually abusive behavior in youth. Still, it appears that far more change is needed. As Letourneau and Borduin (2008, pp. 290–291) have pointed out —

Although the research literature reviewed earlier strongly indicates that sexually offending youths are influenced by multiple ecological systems, most current treatments focus heavily on presumed psychosocial deficits in the individual youth.... Another problem with the predominant approaches to treatment is the fact that many sexually offending youths desist from future offending (even in the absence of intervention).

***Many sexually offending youth
desist from future offending, even
in the absence of intervention.***

While there is strong scientific evidence that therapeutic interventions work for criminal offenders overall, the effectiveness of treatment for sexual offenders — whether juveniles or adults — has been subject to considerable debate. Some people argue that treatment can be at least modestly effective. Others are uncertain or outright skeptical that sex offender treatment works. While inconsistent research findings and measurement shortcomings no doubt have contributed to the ongoing controversy, a body of scientific evidence has emerged in recent years suggesting that therapeutic interventions for juveniles who commit sexual offenses can and do work.

This chapter reviews the scientific evidence on the effectiveness of treatment for juveniles who commit sexual offenses. It was developed to support informed policy and program development at the federal, state and local levels. The chapter summarizes what is scientifically known about the impact of treatment on the recidivism of juveniles who sexually offend. (For more information on “Recidivism of Juveniles Who Commit Sexual Offenses,” see Chapter 3 in the Juvenile section.) It presents key, up-to-date research findings from single studies of treatment effectiveness as well as from research that synthesizes information from multiple treatment effectiveness studies.

Issues to Consider

While there is growing interest in crime control strategies that are based on scientific evidence, determining what works is not an easy task. It is not uncommon for studies of the same phenomena to produce ambiguous or even conflicting results, and there are many examples of empirical evidence misleading crime control policy and practice because shortcomings in the quality of the research were overlooked (see, for example, Sherman, 2003, and McCord, 2003). The importance of basing conclusions about what works on highly trustworthy and credible evidence cannot be overstated, and both the quality and consistency of the research evidence has to be considered.

Single Studies

In the field of criminology, there is general agreement that certain types of single studies — namely, well-designed and executed experiments or randomized controlled trials — provide the most trustworthy evidence about an intervention’s effectiveness (Sherman et al., 1998; MacKenzie, 2006; Farrington & Welsh, 2007).¹

While randomized controlled trials are an important method for determining the effectiveness of an intervention, they can be difficult to implement in real-life settings. Randomized controlled trials are expensive and require a level of organizational (and, at times, community) cooperation that can be difficult to obtain.² In practice, various constraints can preclude an evaluator from using a randomized controlled trial, and relatively few of these studies have been used in the assessment of sex offender treatment.

When randomized controlled trials cannot be used, researchers examining the effectiveness of an intervention typically employ the next best approach, a quasi-experiment. Many quasi-experiments are similar to randomized controlled trials, but they do not employ random assignment. These studies typically involve a comparison of outcomes — such as recidivism — observed for treatment participants and a comparison group of individuals who did not participate in treatment. In this approach, researchers try to ensure that the treated and comparison subjects are similar in all ways but one: participation in the treatment program.³ When treatment and comparison subjects are closely matched, the study can be capable of producing highly trustworthy findings.

Synthesis Research: Systematic Reviews and Meta-Analysis

There also is agreement in the scientific community that single studies are rarely definitive (Lipsey, 2002; Petrosino & Lavenberg, 2007; Beech et al., 2007). Individual studies with seminal findings certainly do exist, but single studies — even randomized controlled trials — can produce misleading results (Lipsey, 2002). Hence, single-study findings must be replicated before meaningful conclusions can be made, and the effectiveness of an intervention can best be understood by examining findings from many different studies (Petticrew, 2007). Researchers typically accomplish this through synthesis research, such as a systematic review. A systematic review adheres to a pre-established protocol to locate, appraise and synthesize information from all relevant scientific studies on a particular topic (Petrosino & Lavenberg, 2007). Methodological quality considerations are a standard feature of most systematic reviews today, and studies that fail to reach a specified standard of scientific rigor are typically excluded from the analysis.⁴

Systematic reviews are increasingly incorporating the statistical procedure of meta-analysis. In practice, meta-analysis combines the results of many evaluations into one large study with many subjects. This is important because single studies based on a small number of subjects can produce distorted findings about a program’s effectiveness (Lipsey, 2002). By pooling the subjects from the original studies, meta-analysis counteracts a

common methodological problem in evaluation research — small sample size — thereby helping the analyst draw more accurate and generalizable conclusions.⁵ In addition, meta-analysis focuses on the magnitude of effects found across studies rather than their statistical significance. Determining effect sizes is important because, as Lipsey (2002) points out, an outcome evaluation of an individual program “can easily fail to attain statistical significance for what are, nonetheless, meaningful program effects.” Hence, effect size statistics provide the researcher with a more representative estimate of the intervention’s effectiveness than estimates derived from any single study or from multistudy synthesis techniques that simply calculate the proportion of observed effects that are statistically significant. When systematic reviews and meta-analyses are done well, they provide the most trustworthy and credible evidence about an intervention’s effectiveness.

Summary of Research Findings

Findings From Single Studies

Several single studies examining the effectiveness of treatment programs for juveniles who sexually offend have been undertaken in recent years, and these studies have consistently found at least modest treatment effects on both sexual and nonsexual recidivism. Worling and Curwen (2000), for example, used a quasi-experimental design to examine the effectiveness of a specialized community-based treatment program that provided therapeutic services to adolescents and children with sexual behavior problems and their families. While treatment plans were individually tailored for each offender and his or her family, cognitive-behavioral and relapse prevention strategies were used, and offenders typically were involved in concurrent group, individual and family therapy. Recidivism rates were calculated using survival analysis for a treatment group consisting of 58 adolescents (53 males and 5 females) and a comparison group consisting of 90 adolescents (86 males and 4 females). Comparison group subjects consisted of three subgroups: juveniles who refused treatment, juveniles who received an assessment in the program only and juveniles who dropped out of the community-based program prior to completing 12 months of treatment.⁶ To determine potential effects of group differences, the researchers also examined whether the treatment and comparison group subjects differed in any meaningful way on various factors related to recidivism (e.g., prior criminal history, offender demographics, victim characteristics); no significant differences between the treatment and comparison group subjects were found.

Based on a 10-year follow-up period, Worling and Curwen (2000) found that the juveniles in the treatment group had significantly better outcomes than comparison group members on several measures of recidivism (see Table 5-1).⁷ For example, the sexual recidivism rate was 5 percent for the treatment group compared to 18 percent for the combined comparison group. The recidivism rates for any offense were 35 percent for the treatment group and 54 percent for the combined comparison group. In fact, for every measure of recidivism employed in the study, the treatment group had lower recidivism rates than comparison group members who either refused treatment, received an assessment only or dropped out of the program prior to completing 12 months of treatment.

In 2010, Worling, Litteljohn and Bookalam reported findings from a followup analysis that extended the follow-up period for the original sample of study subjects to 20 years. Study subjects were, on average, 31.5 years old at the end of the 20-year follow-up period. The analysis demonstrated that the positive treatment effects originally observed by Worling and Curwen (2000) using a 10-year follow-up period had persisted over a longer period of time.

Table 5-1. Recidivism Rates for Treatment vs. Comparison Groups

Recidivism Measure	10-Year Recidivism Rate (%)		20-Year Recidivism Rate (%)	
	Treatment Group (n = 58)	Comparison Group (n = 90)	Treatment Group (n = 58)	Comparison Group (n = 90)
Sexual charge	5*	18	9*	21
Nonsexual violent charge	19*	32	22*	39
Any charge	35**	54	38*	57

* $p < 0.05$.

** $p < 0.01$.

Sources: Worling & Curwen, 2000; Worling, Litteljohn & Bookalam, 2010.

The 2010 analysis by Worling, Litteljohn and Bookalam mirrored Worling and Curwen’s (2000) original investigation in several ways. First, recidivism was examined using charges for sexual, nonsexual violent, nonviolent and any new offense. Second, comparison group subjects consisted of three subgroups: juveniles who refused treatment, juveniles who received an assessment in the program only and juveniles who dropped out of the community-based program prior to completing 12 months of treatment. Third, the researchers examined whether the treatment and comparison group subjects differed in any meaningful way on various factors related to recidivism, and no significant differences were found. Treatment and comparison group subjects were not significantly different in terms of personal characteristics, offense characteristics or any of the assessment test scores examined (Worling, Litteljohn & Bookalam, 2010). (For more information on the “Assessment of Risk for Sexual Reoffense in Juveniles Who Commit Sexual Offenses,” see Chapter 4 in the Juvenile section.)

Based on the 20-year follow-up period, Worling and colleagues (2010) found that adolescents who participated in specialized treatment were significantly less likely than comparison group members to receive subsequent charges for sexual, nonsexual violent, nonviolent or any crime (see Table 5-1). Interestingly, the 20-year recidivism rates reflect only small increases over the 10-year recidivism rates reported by Worling and Curwen (2000). In discussing their findings, Worling and colleagues (2010, p. 56) concluded —

The results of this investigation suggest that specialized treatment for adolescents who offend sexually leads to significant reductions in both sexual and nonsexual reoffending — even up to 20 years following the initial assessment.... The results of this investigation also support the finding that only a minority of adolescents who offend sexually are likely to be charged for sexual crimes by their late 20s or early 30s.

Another study that found positive treatment effects was conducted by Waite and colleagues (2005). The researchers examined treatment effectiveness using a sample of juveniles who had been incarcerated for sexual offenses. The study compared the recidivism outcomes of two groups. One consisted of juveniles who participated in an intensive sex offender treatment program in a specialized, self-contained living unit of the correctional facility. The other consisted of juveniles who received less intensive treatment and remained housed within the general population of the correctional facility. Several recidivism outcomes were examined using a 10-year follow-up period. While the study did not employ random assignment or an equivalent “no-treatment” comparison group, it is one of the few studies to examine treatment effectiveness for incarcerated juveniles who have committed sexual offenses. The researchers found that study subjects who participated in the more intensive, self-contained treatment program had lower recidivism rates for any crime (47 percent compared to 71 percent) and for nonsexual violent crime (31 percent compared to 47 percent) than the incarcerated juveniles

who received less intensive treatment and who remained housed in the facility's general population. The sexual recidivism rates for the two groups, however, were not significantly different (about 5 percent for both the treatment and comparison groups).

Finally, Seabloom and colleagues (2003) examined the effects of a community-based treatment program for juveniles who sexually offended. Treatment was based on principles of sexual health and it involved individual, group and family therapy. Based on an average follow-up period of about 18 years, the researchers found that treated juveniles had a lower sexual recidivism rate than untreated juveniles. Positive treatment effects also were reported by Wolk (2005). Based on a three-year follow-up period, treated juveniles had a recidivism rate of 26 percent for any offense compared to a rate of 60 percent for untreated juveniles.

Although none of the evaluations referenced above randomly assigned study subjects to treatment and control conditions, a series of studies focusing on the use of multisystemic therapy with juveniles who sexually offend have employed an experimental — or randomized controlled trial — design. Multisystemic therapy is a community-based intervention that has been used with serious and chronic juvenile offenders in jurisdictions across the country. It was developed in the late 1970s based on the premise that individual, family and environmental factors all play a role in shaping antisocial behavior. Multisystemic therapy works within multiple systems (i.e., individual, family, school) to address the various causes of a child's delinquency (Henggeler, 1997), and it has been adapted to the special needs of juveniles who sexually offend (Letourneau et al., 2009).

While the effectiveness of multisystemic therapy with juvenile offenders in general has been documented both in individual studies and systematic reviews, research on its effectiveness with juveniles who commit a sexual offense is still emerging. The first study to examine the impact of multisystemic therapy on the recidivism of juveniles who sexually offend was conducted more than 20 years ago by Borduin and colleagues (1990). While the study employed random assignment, the sample size was very small. Only 16 adolescents (and their families) were randomly assigned to either home-based multisystemic therapy services or outpatient therapy. Based on a three-year follow-up period, Borduin and his colleagues reported that the adolescents who received multisystemic therapy treatment had significantly lower sexual and nonsexual recidivism rates than their comparison group counterparts. Multisystemic therapy-treated adolescents in the study had a sexual rearrest rate of 12.5 percent compared to a sexual rearrest rate of 75 percent for the comparison group subjects. The rearrest rates for nonsexual crimes were 25 percent for multisystemic therapy-treated adolescents and 50 percent for comparison group subjects.

More recently, Borduin, Schaeffer and Heiblum (2009) examined the efficacy of multisystemic therapy with juveniles who sexually offend using a somewhat larger sample of 48 adolescents.⁸ Based on a follow-up period of 8.9 years,⁹ the researchers found significantly lower recidivism rates for juveniles who received the treatment. The sexual recidivism rate was 8 percent for multisystemic therapy-treated subjects compared to 46 percent for the comparison group subjects. The nonsexual recidivism rate was 29 percent for multisystemic therapy-treated adolescents compared to 58 percent for comparison group subjects. Multisystemic therapy-treated juveniles also spent 80 percent fewer days in detention facilities compared to their control group counterparts.

The most recent evaluation of multisystemic therapy's effectiveness with juveniles who sexually offend also employed an experimental design (Letourneau et al., 2009). As part of the study, Letourneau and colleagues randomly assigned juveniles who sexually offend to multisystemic therapy treatment ($n = 67$) or treatment as usual ($n = 60$) conditions. Based on initial analyses using one-year and two-year follow-up periods, the researchers found that multisystemic therapy-treated youth had significantly lower rates of self-reported sexual

behavior problems and delinquency and reduced risk of out-of-home placements compared to study subjects receiving treatment as usual (Letourneau et al., 2009; Swenson & Letourneau, 2011).

In summary, several single studies designed to evaluate the effectiveness of treatment for juveniles who commit a sexual offense have been conducted in recent years. While only a handful of these studies have employed an experimental design, a matched comparison group or statistical control of factors that are linked to treatment effects, the weight of the available evidence — although it is far from definitive — suggests that treatment for juveniles who sexually offend can be effective. Studies employing a randomized controlled trial design have demonstrated the efficacy of multisystemic therapy in reducing the recidivism of juveniles who commit sexual offenses. It should be noted, however, that these studies have been conducted by program developers and are based on relatively small sample sizes. Independent evaluations that employ larger sample sizes should be undertaken to further establish the effectiveness and transportability of multisystemic therapy with juveniles who sexually offend. Nevertheless, multisystemic therapy was identified as an effective program in the 2011 National Criminal Justice Association survey.

Rigorous studies have found that multisystemic therapy is effective in reducing the recidivism of juveniles who commit sexual offenses.

Recent research on other treatment approaches has also produced positive results. While it is difficult to isolate treatment effects and identify the specific treatment approaches that are most effective, interventions that address multiple spheres of juveniles' lives and that incorporate cognitive-behavioral techniques along with group therapy and family therapy appear to be most promising. However, there is a clear need for more high-quality research that can better demonstrate the effectiveness of various treatment approaches delivered in the community as well as in secure settings. Studies that employ random assignment or equivalent treatment and comparison group conditions — achieved through matching or statistical controls — are greatly needed.

Findings From Synthesis Research

One of the most frequently cited studies of the effectiveness of juvenile treatment was conducted by Reitzel and Carbonell (2006). Their meta-analysis included nine studies and a combined sample of 2,986 juvenile subjects, making it one of the largest studies of treatment effectiveness for juveniles who sexually offend undertaken to date. Two of the studies in the analysis employed random assignment. The treatment approaches most often were based on cognitive-behavioral and relapse-prevention techniques, although other approaches such as sexual trauma therapy and psychosocial education were also represented in the analysis.

Based on an average follow-up period of nearly five years, the researchers found an average sexual recidivism rate of 7.37 percent for treated juveniles. By comparison, the average sexual recidivism rate for comparison group members was 18.93 percent. Further, the researchers reported that every study in the analysis yielded a positive treatment effect. Overall, an average weighted effect size of 0.43 was found, indicating “that for every 43 sexual offenders receiving the primary treatment who recidivated, 100 of the sexual offenders in the comparison group (i.e., those receiving comparison treatment or no treatment) recidivated” (Reitzel & Carbonell, 2006; p. 409).

Interestingly, two of the four strongest treatment effects found in the meta-analysis were from studies of multisystemic therapy treatment. In addition, Reitzel and Carbonell did not find that studies of cognitive-

behavioral treatment had stronger treatment effects than studies of noncognitive-behavioral approaches. However, the researchers speculated that a number of confounding factors may have influenced this finding, including difficulties associated with categorizing studies based on their treatment approach. In discussing the overall findings from their analysis, Reitzel and Carbonell (2006, p. 417) stated —

It is encouraging that results supported previous findings ... and suggested the effectiveness of [juvenile sexual offender] treatment in the reduction of sexual recidivism, although methodological issues and reporting practices in the individual studies comprising this meta-analysis warrant caution in the interpretation of results.

Multisystemic therapy was also identified as an effective treatment approach in a systematic review recently conducted by Långström et al. (2013). This review focused exclusively on the results of evaluations that employed a randomized controlled trial design in examining the effectiveness of a treatment intervention for individuals who sexually offend against children. Only one study in the analysis focused on treatment for juveniles who sexually offend against children, and that study examined the effectiveness of multisystemic therapy with this population. In discussing the findings from their review, Långström and colleagues (2013, p. 5) stated —

“For adolescents, limited evidence from one trial suggested that multisystemic therapy prevented reoffence. ... For children under the age of 13 with sexual behaviour problems towards other children, we found insufficient evidence (one high-quality randomised controlled trial) to determine if cognitive behavioural therapy combined with parental support was more effective than standard treatment in preventing sexual offending.”

Another meta-analysis that found positive effects for treatment provided to juveniles who sexually offend was conducted by Winokur and colleagues (2006). The analysis is important because it employed a protocol that assessed the methodological quality of potentially relevant research and excluded studies that did not reach a sufficient standard of scientific rigor. Overall, seven rigorous recidivism studies were included in the meta-analysis — one randomized controlled trial and six studies that matched treatment and comparison subjects on relevant demographic and criminal history characteristics. Of the seven studies in the analysis, three examined treatment delivered in a community-based outpatient setting, three examined treatment delivered in a residential setting and one examined treatment delivered in a correctional setting. In all seven studies, treatment involved some type of cognitive-behavioral approach. The average follow-up time across the seven studies was six years.

The researchers found that adolescents who completed sexual offender treatment had significantly lower recidivism rates than untreated adolescents. Positive treatment effects were found for sexual recidivism,¹⁰ nonsexual violent recidivism,¹¹ nonsexual nonviolent recidivism¹² and any recidivism.¹³ Treated juveniles had sexual recidivism rates ranging from 0 to 5 percent across the seven studies. By comparison, sexual recidivism rates for untreated comparison group subjects ranged from 5 to 18 percent. Nonsexual recidivism rates ranged from 10 to 36 percent for treated subjects compared to 10 to 75 percent for untreated subjects. Based on their findings, Winokur and colleagues (2010, pp. 23–24) concluded —

According to the results, there is a small to moderate positive effect of treatment on the recidivism rates of JSO. Specifically, juveniles who complete a cognitive-behavioral treatment program are less likely to commit a sexual or nonsexual re-offense than are juveniles who do not receive treatment, receive an alternative treatment, or do not complete treatment.... The sparse results from the subgroup analyses indicate that cognitive-behavioral treatment is effective in both community and residential settings.

Other recent meta-analyses have also found positive treatment effects. Walker and colleagues (2004), for example, conducted a meta-analysis of 10 studies involving a combined sample of 644 study subjects. The

researchers found that treatments for male adolescent sexual offenders, particularly cognitive-behavioral approaches, were effective. Walker and his colleagues reported a treatment effect size of 0.37, meaning that only 37 treated study subjects recidivated for every 100 untreated study subjects who recidivated.

More recently, Kim, Benekos and Merlo (2016, pp. 109-113) conducted a review of 11 meta-analyses that examined the effectiveness of treatment for individuals who sexually offend, both juvenile and adult. While the overall study did not focus exclusively on treatment interventions for juveniles, the researchers examined treatment effects across different age populations of treatment recipients. Based on five independent meta-analyses that provided effect size data for treatment provided to adolescents, Kim et al. found that "sex offender treatments for adolescents produced an overall 24 percent reduction in recidivism..." In addition, they reported that this 24 percent reduction in recidivism was "almost 3.8 times bigger than the grand mean effect size of sex offender treatments for adults."

Finally, Drake, Aos and Miller (2009) conducted a meta-analysis of five rigorous studies of sex offender treatment programs for youth as part of a larger study on evidence-based public policy options to reduce crime and criminal justice system costs. The researchers found that sex offender treatment programs for juveniles reduced recidivism, on average, by 9.7 percent. In addition, the treatment programs produced a net return on investment of more than \$23,000 per program participant, or about \$1.70 in benefits per participant for every \$1 spent.

In summary, a handful of systematic reviews employing meta-analysis have examined the effectiveness of treatment for juveniles who commit sexual offenses in recent years. While there is widespread agreement among researchers that the evidence is far from definitive, these studies have consistently found that sex offender treatment works, particularly multisystemic and cognitive-behavioral treatment approaches. Cost-benefit analysis also demonstrates that sex offender treatment programs for youth can provide a positive return on taxpayer investment.

Studies Focused on Treatment for Children with Sexual Behavior Problems

While several single and synthesis studies examining the effectiveness of treatment for juveniles who sexually offend have been conducted in recent years, the majority of these studies have focused on treatment for adolescent offenders. Far fewer studies have examined what works in treating children (under age 13) who display sexual behavior problems. One recent study that did examine treatment effectiveness specifically for this population specifically was a randomized controlled trial conducted by Carpentier and colleagues (2006). Children with sexual behavior problems were randomly assigned to either a cognitive behavioral intervention with parental support or a control group whose members received play therapy and parental support. Based on a 10-year follow-up period, the researchers found that only 2 percent of the children who participated in the cognitive behavioral treatment program committed another sexual offense, compared to 10 percent of the children in the control group.

While the lower recidivism rate for children who received cognitive behavioral therapy suggests that treatment using this approach worked, the difference in recidivism between children in the treatment and control groups in the study was not statistically significant, though this may have been due to a methodological artifact of the study. Given the lack of a statistically significant recidivism reduction finding, and the methodological shortcomings of the study, the researchers concluded that there was insufficient evidence to determine if treatment for children with sexual behavior problems is effective. Nevertheless, it is important to note the relatively low rate of sexual recidivism observed for even the untreated children after a 10-year

follow-up period. This low rate of recidivism, especially in relation to recidivism rates observed for adult offenders, underscores the importance of viewing juveniles who sexually offend, especially children, as a distinct population. Given the empirical evidence, policy makers and practitioners must be diligent to avoid unjustified perceptions of future risk, as well as labeling and stigmatization that could harm the child's future development.

Other recent studies focused on treatment for children with sexual behavior problems have also reported positive findings. Gagnon, Tremblay and Bégin (2005) used a single-group, prepost design to examine the effectiveness of a treatment intervention that included group and family sessions. Pre- and post-treatment sexual behavior problems were assessed using two standardized instruments, the Child Sexual Behavior Inventory (CSBI-3) and the Child Behavior Checklist (CBCL). Though the post-treatment assessment sample was small ($n = 27$ for the CSBI-3; $n = 26$ for the CBCL), the researchers found a reduction in post-treatment sexual behavior problems as measured by the two instruments. The other recent study examined a treatment intervention for children 3-7 years old who displayed sexual behavior problems (Silovsky et al., 2007). Of the 85 children who received the intervention, 35 percent had been sexually abused. The intervention included both group treatment and family activities. Again, sexual behavior problems were measured using the CSBI-3 and the CBCL. Forty-seven children who received treatment services received post-treatment assessments. Again, the researchers found reductions in sexual behavior problems when comparing intake with post-treatment assessment scores on both standardized instruments.

One of the few synthesis studies that examined the effectiveness of treatment for children with sexual behavior problems was conducted by St. Amand, Bard and Silovsky (2008). The researchers reviewed 11 studies that examined the outcomes of treatments provided to children aged 3–12 with sexual behavior problems. The researchers found that both sexual-behavior-focused and trauma-focused interventions were effective at reducing sexual behavior problems among this population. In terms of important practice elements, St. Amand and colleagues found that parenting management skills were particularly important in reducing sexual behavior problems in children.

In summary, while the number of studies focused on treatment for children with sexual behavior problems is relatively small, and research conducted to date has generally involved small sample sizes, both single studies and synthesis research have produced a pattern of positive findings. In addition, the empirical evidence supports the thesis that children with sexual behavior problems should be viewed differently than adolescents or adults who sexually offend. As stated above, when dealing with children who display sexual behavior problems, policy makers and practitioners must be careful to avoid unjustified perceptions of future risk, as well as any form of labeling or stigmatization that could harm the child's future development.

Summary

Given the prevalence of sexual offending by juveniles, therapeutic interventions for juveniles who sexually offend have become a staple of sex offender management practice in jurisdictions across the country. Indeed, the number of treatment programs for juveniles who commit sexual offenses has increased over the past 30 years, and the nature of treatment itself has changed as the developmental and behavioral differences between juvenile and adult sexual offenders have become better understood. Yet, despite the growth and widespread use of treatment with juveniles who sexually offend, uncertainty about the effectiveness of treatment in reducing recidivism is not uncommon. While inconsistent research findings and the fact that few high-quality studies of treatment effectiveness have been undertaken to date have contributed to the uncertainty, both the pattern of research findings and quality of the evidence have been changing in recent years.

This review examined the recent evidence on the effectiveness of treatment for juveniles who commit sexual offenses. While there is widespread agreement among researchers that the knowledge base is far from complete, the weight of the evidence from both individual studies and synthesis research conducted during the past 10 years suggests that therapeutic interventions for juveniles who sexually offend can and do work.

Therapeutic interventions for juveniles who sexually offend can and do work. While multisystemic therapy has been shown to be effective, single studies and meta-analyses on other treatment approaches have also produced positive results.

Rigorous studies have demonstrated the efficacy of multisystemic therapy in reducing the recidivism of juveniles who commit sexual offenses. Recent research — both single studies and meta-analyses — on other treatment approaches has also produced positive results. For example, Worling and Curwen (2010) found that the juveniles who participated in a community-based treatment program had significantly better outcomes than comparison group members on several measures of recidivism. Based on a 20-year follow-up period, adolescents who participated in specialized treatment were significantly less likely than comparison group subjects to receive subsequent charges for sexual (9 percent compared to 21 percent), violent nonsexual (22 percent compared to 39 percent) or any (38 percent compared to 57 percent) new offense. The researchers also found that only a minority (11.49 percent) of the adolescent study subjects were charged with a sexual crime as an adult. Waite and colleagues (2005) found that incarcerated juveniles who received intensive treatment in a self-contained housing unit of the correctional facility had better recidivism outcomes than incarcerated juveniles who received less-intensive treatment and who remained in the facility's general population. Also, meta-analyses conducted by Reitzel and Carbonell (2006), Winokur and colleagues (2006), and Drake, Aos and Miller (2009) all found positive treatment effects. Winokur and colleagues (2006) reported that cognitive/behavioral treatment is effective in both community and residential settings.

Juveniles who sexually offend are clearly quite diverse in terms of offending behaviors and future public safety risk. In fact, they appear to have far more in common with other juvenile delinquents than they do with adult sexual offenders. Research is demonstrating that there are important developmental, motivational and behavioral differences between juvenile and adult sexual offenders and also that juveniles who commit sexual offenses are influenced by multiple ecological systems (Letourneau & Borduin, 2008). Hence, therapeutic interventions that are designed specifically for adolescents and children with sexual behavior problems are clearly needed. Moreover, treatment approaches that are developmentally appropriate; that take motivational and behavioral diversity into account; and that focus on family, peer and other contextual correlates of sexually abusive behavior in youth, rather than focusing on individual psychological deficits alone, are likely to be most effective. **The need for tailored rather than uniform treatment approaches was acknowledged by the experts at the SOMAPI forum.** In addition, there is an emerging body of evidence suggesting that the delivery of therapeutic services in natural environments enhances treatment effectiveness (Letourneau & Borduin, 2008) and that the enhancement of behavior management skills in parents may be far more important in the treatment of sexually abusive behaviors in children than traditional clinical approaches (St. Amand, Bard & Silovsky, 2008).

While the knowledge base regarding the effectiveness of treatment for juveniles who sexually offend is both expanding and improving, significant knowledge gaps remain. The need for more high-quality studies on

treatment effectiveness has long been a theme in the literature, and both randomized controlled trials and well-designed quasi-experiments that examine treatment effects using equivalent treatment and comparison groups are greatly needed. Sound randomized controlled trials can provide the most trustworthy evidence about treatment effectiveness, but as Cook (2006) points out, they “are only sufficient for unbiased causal knowledge when” a correct random assignment procedure is chosen and properly implemented, “there is not differential attrition from the study across the groups being compared” and “there is minimal contamination of the intervention details from one group to another.” Propensity score matching and other advanced techniques for controlling bias and achieving equivalence between treatment and comparison subjects can help enhance the credibility of evidence produced through quasi-experiments. Following their study of treatment effectiveness for adults in California — one of the few treatment studies to employ a randomized design — Marques and colleagues (2005) emphasized the importance of including appropriate comparison groups in future treatment outcome studies, and they urged researchers who assess the effects of treatment “to control for prior risk by using an appropriate actuarial measure for both treatment and comparison groups.” Synthesis studies that are based on prudent exclusionary criteria and that employ the most rigorous analytical methods available are also needed. Systematic reviews and meta-analyses that are based on the most rigorous studies, incorporate statistical tests to discover potential bias and explore how methodological and contextual variations impact treatment effects are well-equipped to provide policymakers and practitioners with highly trustworthy evidence about what works. Future research should also attempt to build a stronger evidence base on the types of treatments that work. Empirical evidence that specifies which types of treatment work or do not work, for whom and in which situations is important for both policy and practice. The need for high-quality studies that help identify offender- and situation-specific treatment approaches that work was acknowledged by the national experts who participated in the 2012 SOMAPI forum. Trustworthy evidence on the treatment modalities and elements that are effective with juveniles who have committed sexual offenses was also identified as a pressing need.

Notes

1. Randomized controlled trials are considered superior for discovering treatment effects and inferring causality because of their capacity to create valid counterfactuals and reduce bias. Modeled on laboratory experiments, randomized controlled trials have several key features, most notably the use of random assignment. In random assignment, the researcher randomly decides which study subjects participate in treatment and which do not. The random assignment of subjects creates the optimal study conditions for comparing treated and untreated subjects and making causal inferences about the impact of the intervention.
2. In addition, there may be resistance to the use of random assignment on the grounds that withholding potentially beneficial treatment from some study subjects for the sake of research is unethical.
3. This is often accomplished by matching the treatment and comparison group members on factors that are related to the outcome of interest. Sometimes statistical techniques are employed retrospectively to create equivalence between the treated and comparison subjects.
4. Methodological quality considerations typically include an assessment of the following: the study’s ability to control outside factors and eliminate major rival explanations for an intervention’s effects; the study’s ability to detect program effects; and other considerations, such as attrition and the use of appropriate statistical tests. Based on the assessment, studies of substandard quality are typically excluded from the analysis. In addition, studies that are included in the analysis may be weighted based on their relative scientific rigor.

5. Meta-analysis also generates a summary statistic called the average effect size, which helps the analyst determine not only if the intervention is effective, but also how effective it is. There are several methods used to calculate effect sizes, as described in Lipsey and Wilson (2001). The mean difference effect size is common when outcomes are continuously measured; the odds-ratio effect size is common when outcomes are measured dichotomously.
6. Of the 46 juveniles who received an assessment in the program, only 30 received some form of treatment outside the program being studied.
7. The researchers also found that sexual interest in children was a predictor of sexual recidivism, and that factors commonly related to delinquency overall — such as prior criminal offending and an antisocial personality — were predictive of nonsexual recidivism.
8. The research also examined whether multisystemic therapy treatment improved important family, peer and academic correlates of juvenile sexual offending.
9. Study subjects were, on average, 22.9 years old at the end of the follow-up period.
10. $p < 0.01$.
11. Ibid.
12. $p < 0.001$.
13. Ibid.

References

- Beech, A.R., Bourgon, G., Hanson, K., Harris, A.J., Langton, C., Marques, J., Miner, M., Murphy, W., Quinsey, V., Seto, M., Thornton, D. & Yates, P.M. (2007). *Sex Offender Treatment Outcome Research: CODC Guidelines for Evaluation Part 1: Introduction and Overview*. Ottawa, ON: Public Safety Canada.
- Borduin, C.M., Henggeler, S.W., Blaske, D.M. & Stein, R. (1990). Multisystemic treatment of adolescent sexual offenders. *International Journal of Offender Therapy and Comparative Criminology*, 34, 105–113.
- Borduin, C.M., Schaeffer, C.M. & Heiblum, N. (2009). A randomized clinical trial of multisystemic therapy with juvenile sexual offenders: Effects on youth social ecology and criminal activity. *Consult Clinical Psychology*, 77, 26–37.
- Carpentier M.Y., Silovsky, J.F. & Chaffin, M. (2006). Randomized trial of treatment for children with sexual behavior problems: ten-year follow-up. *Journal of Consulting and Clinical Psychology*, 74, 482–488.
- Cook, T.D. (2006). Describing what is special about the role of experiments in contemporary educational research: Putting the “Gold Standard” rhetoric into perspective. *Journal of MultiDisciplinary Evaluation*, 6, 1–7.
- Drake, E.K., Aos, S. & Miller, M. (2009). Evidence-based public policy options to reduce crime and criminal justice costs: Implications in Washington State. *Victims and Offenders*, 4, 170–196.
- Farrington, D.P. & Welsh, B.C. (2007). *Saving Children From a Life of Crime, Early Risk Factors and Effective Interventions*. New York: Oxford University Press.

Gagnon, M.M., Tremblay, C. & Bégin, H. (2005). Intervention de groupe auprès d'enfants présentant des comportements sexuels problématiques: évolution comportementale, affective et sociale [Group intervention for children with sexual behavior problems: Behavioral, affective and social development]. *Santé mentale au Québec*, 30(2), 257–279.

Henggeler, S.W. (1997). *Treating Serious Anti-Social Behavior in Youth: The MST Approach*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention.

Kim, B., Benekos, P.J. & Merlo, A.V. (2016). Sex Offender Recidivism Revisited: Review of Recent Meta-analyses on the Effects of Sex Offender Treatment. *Trauma, Violence, & Abuse*, 17(1) 105–117.

Långström, N., Enebrink, P., Laurén, E., Lindblom, J., Werkö, S. & Hanson, K. (2013). Preventing sexual abusers of children from reoffending: systematic review of medical and psychological interventions. *BMJ* 2013;347:f4630 doi: 10.1136/bmj.f4630 (Published, August 9, 2013).

Letourneau, E.J. & Borduin, C.M. (2008). The effective treatment of juveniles who sexually offend: An ethical imperative. *Ethics and Behavior*, 18, 286–306.

Letourneau, E.J., Henggeler, S.W., Borduin, C.M., Schewe, P.A., McCart, M.R., Chapman, J.E. & Saldana, L. (2009). Multisystemic therapy for juvenile sexual offenders: 1-year results from a randomized effectiveness trial. *Journal of Family Psychology*, 23, 89–102.

Lipsey, M.W. (2002). Meta-analysis and program evaluation. *Socialvetenskaplig Tidskrift*, 9, 194–208. (Translated.)

Lipsey, M.W. & Wilson, D.B. (2001). *Practical Meta-Analysis*. Thousand Oaks, CA: Sage Publications.

MacKenzie, D.L. (2006). *What Works in Corrections: Reducing the Criminal Activities of Offenders and Delinquents*. New York: Cambridge University Press.

Marques, J.K., Wiederanders, M., Day, D.M., Nelson, C. & van Ommeren, A. (2005). Effects of a relapse prevention program on sexual recidivism: Final results from California's Sex Offender Treatment and Evaluation Program (SOTEP). *Sexual Abuse: A Journal of Research and Treatment*, 17, 79–107.

McCord, J. (2003). Cures that harm: Unanticipated outcomes of crime prevention programs. *Annals of the American Academy of Political and Social Science*, 587, 16–30.

McGrath, R.J., Cumming, G., Burchard, B., Zeoli, S. & Ellerby, L. (2010). *Current Practices and Emerging Trends in Sexual Abuser Management: The Safer Society 2009 North American Survey*. Brandon, VT: Safer Society Press.

Petrosino, A. & Lavenberg, J. (2007). Systematic reviews and meta-analytic best evidence on “what works” for criminal justice decision-makers. *Western Criminology Review*, 8, 1–15.

Petticrew, M. (2007). Making high quality research accessible to policy makers and social care practitioners. Plenary presentation at the Campbell Collaboration Colloquium, Glasgow, Scotland.

Reitzel, L.R. & Carbonell, J.L. (2006). The effectiveness of sexual offender treatment for juveniles as measured by recidivism: A meta-analysis. *Sexual Abuse: A Journal of Research and Treatment*, 18, 401–421.

Schwartz, B.K. (Ed.). (2011). *Handbook of Sex Offender Treatment*. Kingston, NJ: Civic Research Institute.

Seabloom, W., Seabloom, M.E., Seabloom, E., Barron, R. & Hendrickson, S. (2003). A 14- to 24-year longitudinal study of a comprehensive sexual health model treatment program for adolescent sex offenders: Predictors of successful completion and subsequent criminal recidivism. *International Journal of Offender Therapy and Comparative Criminology*, 47, 468–481.

Sherman, L.W. (2003). Misleading evidence and evidence-led policy: Making social science more experimental. *Annals of the American Academy of Political and Social Science*, 589, 6–19.

Sherman, L.W., Gottfredson, D., MacKenzie, D., Eck, J., Reuter, P. & Bushway, S. (1998). *Preventing Crime: What Works, What Doesn't, What's Promising*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

Silovsky, J.F., Niec, L., Bard, D. & Hecht, D. (2007). Treatment for preschool children with interpersonal sexual behavior problems: A pilot study. *Journal of Clinical Child and Adolescent Psychology*, 36(3), 378–391.

St. Amand, A., Bard, D.E. & Silovsky, J.F. (2008). Meta-analysis of treatment for child sexual behavior problems: Practice elements and outcomes. *Child Maltreatment*, 13, 145–166.

Swenson, C.C. & Letourneau, E.J. (2011). Multisystemic therapy with juvenile sexual offenders. In B.K. Schwartz (Ed.), *Handbook of Sex Offender Treatment* (pp. 57-1–57-32). Kingston, NJ: Civic Research Institute.

Waite, D., Keller, A., McGarvey, E.L., Wieckowski, E., Pinkerton, R. & Brown, G.L. (2005). Juvenile sex offender rearrest rates for sexual, violent nonsexual and property crimes: A 10-year follow-up. *Sexual Abuse: A Journal of Research and Treatment*, 17, 313–331.

Walker, D.F., McGovern, S.K., Poey, E.L. & Otis, K.E. (2004). Treatment effectiveness for male adolescent sexual offenders: A meta-analysis and review. *Journal of Child Sexual Abuse*, 13, 281–293.

Winokur, M., Rozen, D., Batchelder, K. & Valentine, D. (2006). *Juvenile Sexual Offender Treatment: A Systematic Review of Evidence-Based Research*. Fort Collins, CO: Colorado State University, Applied Research in Child Welfare Project, Social Work Research Center, School of Social Work, College of Applied Human Sciences.

Wolk, N.L. (2005). Predictors associated with recidivism among juvenile sexual offenders. Unpublished doctoral dissertation. Houston, TX: University of Houston.

Worling, J.R. & Curwen, T. (2000). Adolescent sexual offender recidivism: Success of specialized treatment and implications for risk prediction. *Child Abuse & Neglect*, 24, 965–982.

Worling, J.R., Litteljohn, A. & Bookalam, D. (2010). 20-year prospective follow-up study of specialized treatment for adolescents who offended sexually. *Behavioral Sciences and the Law*, 28, 46–57.

Chapter 6: Registration and Notification of Juveniles Who Commit Sexual Offenses

by Christopher Lobanov-Rostovsky

FINDINGS

- ◆ Many states have some kind of registration for juveniles adjudicated delinquent for sex offenses and the vast majority require registration and public notification for juveniles transferred for trial and convicted as an adult.
- ◆ Conclusions about the impact of sex offender registration and notification with juveniles are difficult to make because so few studies have been conducted, the available research has not isolated the impact of sex offender registration and notification from other interventions and the overall rate of sexual recidivism attributed to juveniles is low.
- ◆ Juvenile cases have been pled to nonregistration offenses at the expense of the juvenile not being eligible for treatment.

Introduction

Sex offender registration and notification has been used as a management strategy since the 1930s. California became the first state to pass a sex offender registration law in 1947, while Washington became the first state to pass community notification legislation in 1990. In 1994, the U.S. federal government first implemented a national sex offender registration law for adult sexual offenders via the Jacob Wetterling Crimes Against Children and Sexually Violent Offender Registration Act.

Community notification was subsequently added through the Megan's Law amendment to the Act in 1996. Per these federal laws, all 50 states have implemented registration and notification systems for adult sexual offenders, with some states also applying registration and notification to juveniles who commit sexual offenses. Many states have some kind of registration for juveniles adjudicated delinquent of sex offenses, and the vast majority require registration and public notification for juveniles transferred for trial and convicted as an adult. The implementation of sex offender registration and notification for juveniles varies by state, with some states choosing to add juvenile registration based on adjudication for a specified crime, while others provide for judicial discretion related to whether a juvenile should register and for how long. Finally, in 2006, the U.S. Congress included mandatory registration for juveniles ages 14 and older who are adjudicated delinquent for certain violent sexual offenses in the national sex offender registration and notification standards of the Adam Walsh Child Protection and Safety Act (AWA¹).

The expansion in the use of sex offender management strategies traditionally designed for adult sex offenders with juveniles who commit sexual offenses arguably has been made based on assumptions that there is a high rate of juvenile sexual offending, that juveniles who commit sexual offenses are similar to adult sex offenders and that juveniles who commit sexual offenses lack heterogeneity, are difficult to intervene with and are at high risk for recidivism (Chaffin, 2008; Letourneau & Miner, 2005). (For more information on the "Recidivism of Juveniles Who Commit Sexual Offenses," see Chapter 3 in the Juvenile section.)

Unfortunately, the body of research addressing sex offender registration and notification effectiveness with juveniles remains extremely limited today. Definitive conclusions regarding the impact of registration and notification with juveniles who commit sexual offenses are difficult to make at this time, not only because so few studies have been conducted but also because the available research is generally hampered by an inability to isolate the impact of registration and notification from other interventions (e.g., specialized supervision and treatment) and the overall low rate of sexual recidivism attributed to juveniles. (For more information on treatment, see Chapter 5: “Effectiveness of Treatment for Juveniles Who Sexually Offend,” in the Juvenile section.) Nevertheless, this chapter reviews these studies and their findings for the purpose of informing policy and practice at the federal, state and local levels. Findings from studies comparing the recidivism rates of juveniles who commit sexual offenses with those of two groups — adult sex offenders and juveniles who commit nonsexual offenses — are also presented to shed light on any comparative differences that exist in the propensity to reoffend.

This chapter does not discuss the theoretical and sociological explanations for registration and notification or place the research within this context. Its focus is on registration and notification for juveniles who commit sexual offenses. (For information about sex offender registration and notification as it relates to adult sex offenders, see Chapter 8: “Sex Offender Management Strategies,” in the Adult section.)

Summary of Research Findings

As stated above, very few studies examining the impact of sex offender registration and notification on juveniles have been undertaken to date. Only a small number of studies were identified in the literature that examined (either directly or indirectly) the effect of registration and notification on juvenile sex offense rates. One of these studies examined juvenile sex crime arrest rates prior to and following the implementation of sex offender registration and notification, and another two examined the recidivism of juveniles who sexually offend and required to register as compared to groups who were not registered. The final two studies examined the recidivism of juveniles subject to different registration and notification levels. Findings from these studies are presented below.

Studies Examining Registration and Notification With Juveniles Who Sexually Offend

A study by Holmes (2009) examined sex crime arrest rates before and after sex offender registration and notification implementation based on an analysis of annual sex crime arrests recorded in the Uniform Crime Report data for 47 states. Data were analyzed for 1994 through 2009. The study did not find a statistically significant decrease in the rate of sex crime arrests in juvenile registration states and juvenile notification states post-sex offender registration and notification implementation (Holmes, 2009).²

A second study examined recidivism levels pre- and post-sex offender registration and notification implementation focused on juveniles who committed sexual offenses ($N = 1,275$) in South Carolina between 1990 and 2004. Sex offender registration and notification was implemented in South Carolina in 1995. Observed recidivism rates were based on an average follow-up period of nine years. Registration implementation was not found to be associated with a significant reduction in sexual recidivism. However, nonsexual, nonassault recidivism (defined as a new charge) was significantly greater for those subject to registration and notification,³ suggesting a possible surveillance effect (Letourneau et al., 2009a).

Another study compared the recidivism rates of juveniles subject to registration and notification requirements with those of juveniles not required to register ($N = 172$). Based on a mean follow-up period of 49.2 months post-release from a secure setting, the researchers found no significant differences between registrants and nonregistrants in sexual recidivism (12.2 percent), as measured by a new charge for a felony

sex crime. However, the rate of general recidivism (59.3 percent) was found to be significantly lower for registrants than nonregistrants⁴ (Caldwell & Dickinson, 2009).

Further, a study examining recidivism for juveniles subject to different levels of registration and notification focused on juveniles in Washington state who were subject to assessment for registration and notification level following release to parole after incarceration from 1995 to 2002 ($N = 319$). Sexual reconviction rates were examined over a five-year follow-up period. The research found that juveniles identified either as level I or level II ($n = 278$) offenders had a 9 percent sexual reconviction rate, while those identified as level III offenders had a 12 percent sexual reconviction rate. Level III is the highest registration and notification level in Washington, requiring active community notification, while levels I and II do not require community notification (Barnoski, 2008).

Finally, a study also looked at the differences between juveniles aged 10-19 classified as tier III in the Adam Walsh Act compared to those not so classified ($N = 108$). There was no significant differences between those who met the registration and notification criteria and those who did not meet this criteria on either sexual (overall, 1.9 percent across both groups) or general (overall, 16.7 percent across both groups) recidivism (Bastastini et al., 2011).

Limitations

The aforementioned studies have limitations common to all studies that employ official statistics on sexual offending or sexual recidivism, namely, the underreporting of sexual offenses to authorities (see, for example, Bachman, 1998, and Tjaden & Thoennes, 2006) and the low base rate for recidivism.⁵ In addition, some of the studies examined outcomes pre- and post- sex offender registration and notification implementation; the others examined registration and notification effects on recidivism indirectly. Finally, none of the studies were based on random assignment, although it should be noted that interrupted time series analysis based on a sufficient number of observations can produce highly trustworthy findings.

Juvenile Disposition Studies

The following findings from two juvenile disposition studies shed light on some of the unintended consequences of registration and notification application with juveniles who have sexually offended.

In one study, disposition outcomes for South Carolina juveniles who committed sexual assault or robbery crimes between 1990 and 2004 ($N = 18,068$) were examined. The study found that juveniles who committed sexual offenses ($n = 5,166$) were subject to a significant change in prosecutor decision-making following implementation of the sex offender registry in 1995, particularly younger juveniles and those with fewer prior offenses. Letourneau and colleagues (2009b, p. 158) concluded, "For sexual offense charges, there was a 41 percent reduction in the odds of a prosecutor moving forward after registration was implemented than before."⁶ Similarly, there was a statistically significant reduction in assault dispositions of 22 percent,⁷ but there was not a statistically significant reduction in robbery dispositions over the same time period (Letourneau et al., 2009b).

In a study of dispositions for juveniles who committed sexual offenses in an urban region of Michigan in 2006 ($N = 299$ petitions filed), Calley (2008) found that a high percentage of serious charges were pled down to a lesser charge and, as a result, a significant number of juveniles who committed sexual offenses were no longer eligible for county-funded sex-offense-specific treatment. In essence, juvenile cases were being pled to nonregistration offenses at the expense of not being eligible for treatment (Calley, 2008).

Limitations

The limitations of these studies include generalizability given the specific geographic regions of the studies, the limited time frame reviewed in the Michigan study, and the retrospective rather than prospective nature of the studies. Finally, there were no survey data on the actual decision-making process by prosecutors.

Survey Data

Surveys of stakeholders can provide descriptive data about the impact of registration and notification on different populations, including the public, juveniles who commit sexual offenses and their family members, and treatment providers and other professionals who work with juveniles who commit sexual offenses.

Impact on the Public

In a survey of members of the public ($n = 168$), higher levels of education were found to be correlated with decreased support for the juvenile registry based on not identifying community safety effectiveness or juveniles who committed sexual offenses as having significant understanding of their behavior⁸ (Stevenson et al., 2013).

Impact on Juveniles Who Commit Sexual Offenses

In a survey of adults ($n = 165$) aged 21 to 39 who either were never required to register for a juvenile sex crime, formerly registered for a juvenile sex crime or are currently registering for a juvenile sex crime, registration was correlated with “increased severity of depression”⁹ (Denniston, 2016, p. 1). However, surprisingly, those registrants whose information was made public had decreased severity of depression compared to those registrants whose information was not made public. In addition, other factors such as age at initial registration, years registered, having a juvenile adjudication or adult conviction, having a misdemeanor or felony offense, having a subsequent sexual offense or risk tier registration level were all also unrelated to severity of depression (Denniston, 2016).

Impact on Family Members of Juveniles Who Commit Sexual Offenses

In a focus group of four Michigan family members of juveniles who commit sexual offenses, concerns were identified for the stigma of the registry and the impact on social support and employment (Comartin et al., 2010).

Impact on Treatment Providers and Other Professionals Who Work with Juveniles Who Commit Sexual Offenses

In a survey of 265 treatment providers who work with juveniles who commit sexual offenses, registration and notification was seen as leading to mental health problems, shame, embarrassment, hopelessness, harassment, school problems and housing instability (Harris et al., 2015). In addition, in a survey of juvenile and criminal justice professionals whose agencies work with juveniles who commit sexual offenses ($n = 15$), the registry was seen as leading to increased legal proceedings and registry work, confusion in terms of registry requirements and a false sense of security, although some participants acknowledged public support for the registry (Henderson, 2015).

Limitations: Survey Data

Limitations of the survey data include small sample sizes and response rates, leading to possible self-selection bias. In addition, many of the survey samples were confined to a specific geographic location and may not be generalizable to other areas of the country. Finally, given these limitations, the survey results identified above should be considered exploratory in nature, and therefore, no validated conclusions can be drawn at this time on the impact of registration and notification.

Comparative Recidivism Rates for Juveniles Who Commit Sexual Offenses

Given the limited research on sex offender registration and notification with juveniles, a brief review of findings concerning the sexual recidivism rates of juveniles who sexually offend in relation to two groups — adult sexual offenders and juveniles who commit nonsexual offenses — is presented below.

Compared With Adult Sex Offenders

The results of three meta-analyses suggest that juveniles who commit sexual offenses have a sexual recidivism rate between 7 and 13 percent based on a follow-up period of approximately five years (Alexander, 1999; Caldwell, 2010; Reitzel & Carbonell, 2006). By comparison, a relatively recent meta-analysis of studies focusing on adult sexual offenders reported average sexual recidivism rates of 14 percent after a five-year follow-up period, 20 percent after a 10-year follow-up period and 24 percent after a 15-year follow-up period (Harris & Hanson, 2004). Hence, there appears to be at least a marginal difference in the propensity to reoffend between juveniles who commit sexual offenses and adult sexual offenders.

Compared With Juveniles Who Commit Nonsexual Offenses

The premise that juveniles who commit sexual offenses are more likely to sexually recidivate than juveniles who commit other types of crimes has been studied by a number of researchers with mixed results. While some studies have found a significant difference in the propensity of the two groups to sexually reoffend, others have not. Of the comparison studies between juveniles who commit sexual offenses and those who commit nonsexual offenses, two studies suggested that the sexual recidivism rate for juveniles who committed sexual offenses was significantly different than for juveniles who commit nonsexual offenses. For example, in a study involving a sample of 150 offenders, Hagan and colleagues (2001) found sexual recidivism rates (defined as reconviction) of 18 percent for juveniles who committed sexual offenses and 10 percent for juveniles who committed nonsexual offenses over an eight-year follow-up period, a statistically significant difference (Hagan et al., 2001).¹⁰ Similarly, in a study involving 306 juveniles, Sipe, Jensen and Everitt (1998) found sexual rearrest rates of 9.7 percent for juveniles who commit sexual offenses and 3 percent for juveniles who commit nonsexual offenses over a six-year follow-up period, a difference that again is statistically significant (Sipe, Jensen & Everitt, 1998).¹¹

On the other hand, a number of studies have not found significant sexual recidivism rate differences. For example, in a study of 2,029 juveniles released from secure custody, including 249 who committed sexual offenses and 1,780 who committed nonsexual offenses, Caldwell (2007) reported sexual recidivism rates of 6.8 percent for the juveniles who committed sexual offenses and 5.7 percent for the juveniles who committed nonsexual offenses over a five-year follow-up period, a difference that is not statistically significant (Caldwell, 2007). Similarly, in a study involving 91 juvenile males who committed sexual offenses and 174 juvenile males who did not commit sexual offenses but who were treated in the same program, Caldwell, Ziemke and Vitacco (2008) found no significant difference in the felony sexual recidivism rates observed for the two groups. A felony sexual recidivism rate of 12.1 percent was found for juveniles who

committed sexual offenses compared to 11.6 percent for the juveniles who did not commit sexual offense over an average 71.6-month follow-up period. Letourneau, Chapman and Schoenwald (2008) also failed to find a significant difference in recidivism rates in their study involving 1,645 juveniles in treatment who either had or did not have a sexual behavior problem (as defined by the caregiver-reported scoring on the Child Behavioral Checklist Sex Problems scale developed by Achenbach, 1991). The researchers reported a 2 percent sexual recidivism rate (defined as a new charge) for those juveniles with a sexual behavior problem and a 3 percent rate for those who did not have a sexual behavior problem (Letourneau, Chapman & Schoenwald, 2008). Finally, in a birth cohort study involving 3,129 juvenile males and 2,998 juvenile females from Racine, Wisconsin, Zimring, Piquero and Jennings (2007) reported sexual arrest recidivism rates of 8.5 percent for juveniles who committed sexual offenses and 6.2 percent for juveniles who had any police contact, a difference that is not statistically significant. The recidivism rates were based on a four- to 14-year follow-up period after age 18. The researchers concluded that the number of juvenile police contacts was more predictive of adult sexual recidivism than juvenile sexual offenses (Zimring, Piquero & Jennings, 2007).

Summary

Very few studies examining sex offender registration and notification with juveniles have been undertaken to date. Only five outcome studies were identified in the literature and none of them produced conclusive findings about the application of registration and notification to juveniles who commit sexual offenses. In addition, exploratory information from survey data suggests potential iatrogenic effects from registration and notification with this population, but the data to date is far from conclusive. Findings from studies comparing the sexual recidivism rates of juveniles who sexually offend, adult sexual offenders and juveniles who commit nonsexual offenses are somewhat mixed. There appears to be at least a marginal difference in the propensity to reoffend between juveniles who commit sexual offenses and adult sexual offenders. However, definitive conclusions about sexual recidivism similarities or differences between juveniles who commit sexual and nonsexual offenses are difficult to make. Two studies found a significantly higher rate of sexual recidivism for the juveniles who commit sexual offenses, while several other studies did not find a significant difference in the sexual recidivism rates for the two groups.

Given these research findings, the merit and appropriateness of using registration and notification with juveniles who sexually offend remain open to question. **While far more research is needed, participants in the SOMAPI forum recommended against any further expansion of registration and notification with juveniles in the absence of more extensive empirical evidence supporting the utility of this strategy.**

The SOMAPI forum participants identified the need for research using scientifically rigorous methods to assess the impact of registration and notification on juveniles who commit sexual offenses. There is a clear need for research that can isolate the impact of registration and notification from other sex offender management strategies (e.g., supervision and treatment) that are also in place and that employs large enough sample sizes to overcome the low base rate for sexual recidivism. Additional research that examines outcome measures other than sexual recidivism (e.g., supervision compliance; iatrogenic effects on the juvenile, family and community) also is needed. Research also needs to identify whether juveniles are similar to adult sexual offenders prior to using such policies with this population. The goal of intervention with juveniles who commit sexual offenses is to prevent recidivism, decrease risk and increase protective factors that buffer against reoffending. Society clearly benefits from effective and appropriate intervention with this population, but more research is needed to examine whether registration and notification laws may require modification in their use with juveniles who commit sexual offenses if public safety is to be effectively enhanced.

Notes

1. The federal government cannot require states to implement the Adam Walsh Act; however, if states fail to “substantially implement” the provisions of the Act, they are subject to a 10-percent penalty of their Edward Byrne Memorial Justice Assistance Grant Program funding.
2. Per author request, permission was received to cite this paper; the paper’s author expected a revision to be completed in 2014.
3. $p < 0.05$.
4. $p < 0.01$.
5. For example, Letourneau et al. (2009a) found the percentage of youth in their sample with new sexual offense charges (7.5 percent) or adjudications (2.5 percent) to be low.
6. $p < 0.0001$.
7. $p < 0.001$.
8. $p < 0.05$.
9. $p < 0.01$.
10. $p > 0.05$.
11. $p < 0.04$.

References

- Achenbach, T.M. (1991). *Manual for the Child Behavioral Checklist and 1991 Profile*. Burlington, VT: University of Vermont, Department of Psychiatry.
- Alexander, M.A. (1999) Sexual offenders treatment efficacy revisited. *Sexual Abuse: A Journal of Research and Treatment*, 11(2), 101–116.
- Bachman, R. (1998). Factors related to rape reporting behavior and arrest: New evidence from the National Crime Victimization Survey. *Criminal Justice and Behavior*, 25, 8–29.
- Barnoski, R. (2008). *Assessing the Risk of Juvenile Sex Offenders Using the Intensive Parole Sex Offender Domain*. Olympia, WA: Washington State Institute for Public Policy. Retrieved from: www.wsipp.wa.gov/ReportFile/1012/Wsipp_Assessing-the-Risk-of-Juvenile-Sex-Offenders-Using-the-Intensive-Parole-Sex-Offender-Domain_Full-Report.pdf.
- Bastastini, A.B., Hunt, E., Present-Koller, J. & DeMatteo, D. (2011). Federal Standards for Community Registration of Juvenile Sex Offenders: An Evaluation of Risk Prediction and Future Implications. *Psychology, Public Policy, and Law*, 17(3), 451–474.

- Caldwell, M.F. (2007). Sexual offense adjudication and sexual recidivism among juvenile offenders. *Sexual Abuse: A Journal of Research and Treatment*, 19, 107–113.
- Caldwell, M.F. (2010). Study characteristics and recidivism base rates in juvenile sex offender recidivism. *International Journal of Offender Therapy and Comparative Criminology*, 54(2), 197–212.
- Caldwell, M.F. & Dickinson, B.A. (2009). Sex Offender Registration and Recidivism Risk in Juvenile Sexual Offenders. *Behavioral Sciences and the Law*, 27, 941–956.
- Caldwell, M.F., Ziemke, M.H. & Vitacco, M.J. (2008). An examination of the Sex Offender Registration and Notification Act as applied to juveniles. *Psychology, Public Policy, and Law*, 14(2), 89–114.
- Calley, N.G. (2008). Juvenile sex offender and sex offender legislation and unintended consequences. *Federal Probation*, 72(3).
- Chaffin, M. (2008). Our minds are made up — Don't confuse us with the facts: Commentary on policies concerning children with sexual behavior problems and juvenile sex offenders. *Child Maltreatment*, 13, 110–121.
- Comartin, E.B., Kernsmith, P.D. & Miles, B.W. (2010). Family Experiences of Young Adult Sex Offender Registration. *Journal of Child Sexual Abuse*, 19(2), 204–225.
- Denniston, S.E. (2016). Juvenile Sex Offender Registration: Its relationship to depression in adulthood. *The ATSA Forum Newsletter*, XXVIII(2).
- Hagan, M.P., Gust-Brey, K.L., Cho, M.E. & Dow, E. (2001). Eight-year comparative analyses of adolescent rapists, adolescent child molesters, other adolescent delinquents, and the general population. *International Journal of Offender Therapy and Comparative Criminology*, 45(3), 314–324.
- Harris, A.J.R. & Hanson, R.K. (2004). *Sex Offender Recidivism: A Simple Question*. Ottawa, ON: Public Safety Canada.
- Harris, A.J., Walfield, S.M., Shields, R.T. & Letourneau, E.J. (2015). Collateral Consequence of Juvenile Sex Offender Registration and Notification: Results From a Survey of Treatment Providers. *Sexual Abuse*, DOI: 1079063215574004.
- Henderson, J.S. (2015). Estimating Impacts of SORNA in Pennsylvania: The Potential Consequences of Including Juveniles. *U.S. Department of Justice Document Number 249197*. Retrieved from: <https://www.ncjrs.gov/pdffiles1/nij/grants/249147.pdf>.
- Holmes, S. (2009). *An Empirical Analysis of Registration and Notification Laws for Juvenile Sex Offenders*. Working Paper Series. Retrieved from: http://papers.ssrn.com/sol3/papers.cfm?abstract_id=1710745.
- Letourneau, E.J., Bandyopadhyay, D., Sinha, D. & Armstrong, K.S. (2009a). The influence of sex offender registration on juvenile sexual recidivism. *Criminal Justice Policy Review*, 20(2), 136–153.
- Letourneau, E.J., Bandyopadhyay, D., Sinha, D. & Armstrong, K.S. (2009b). Effects of sex offender registration policies on juvenile justice decision making. *Sexual Abuse: A Journal of Research and Treatment*, 21, 149–165.

Letourneau, E.J., Chapman, J.E. & Schoenwald, S.K. (2008). Treatment outcome and criminal offending by youth with sexual behavior problems. *Child Maltreatment, 13*, 133–144.

Letourneau E.J. & Miner M.H. (2005). Juvenile sex offenders: A case against the legal and clinical status quo. *Sexual Abuse: A Journal of Research and Treatment, 17*(3), 293–312.

Reitzel, L.R. & Carbonell, J.L. (2006). The effectiveness of sexual offender treatment for juveniles as measured by recidivism: A meta-analysis. *Sexual Abuse: A Journal of Research and Treatment, 18*, 401–421.

Sipe, R., Jensen, E.L. & Everett, R.S. (1998). Adolescent sexual offenders grown up: Recidivism in youth adulthood. *Criminal Justice and Behavior, 25*(1), 109–124.

Stevenson, M.C., Smith, A.C., Sekely, A. & Farnum, K.S. (2013). Predictors of Support for Juvenile Sex Offender Registration: Educated Individuals Recognize the Flaws of Juvenile Registration. *Journal of Child Sexual Abuse, 22*, 231–254.

Tjaden, P. & Thoennes, N. (2006). *Extent, Nature, and Consequences of Rape Victimization: Findings from the National Violence Against Women Survey*. Washington, DC: U.S. Department of Justice, Office of Justice Programs, National Institute of Justice.

Zimring, F.E., Piquero, A.R. & Jennings, W.G. (2007). Sexual delinquency in Racine: Does early sex offending predict later sex offending in youth and young adulthood? *Criminology & Public Policy, 6*(3), 507–534.

