

SEX OFFENDER MANAGEMENT ASSESSMENT and PLANNING INITIATIVE

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

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Executive Summary

Adult Sex Offenders Juveniles Who Commit Sex Offenses

Policymakers, practitioners, and the public have come to view sex offenders as a unique group of offenders in need of special management. As a result, numerous laws, policies, and programs focusing specifically on sex offenders have been implemented across the country, most without the support of research. The criminal justice community, however, has recognized that crime control efforts, prevention strategies, and treatment methods based on scientific evidence are far more likely to be effective and cost-beneficial.

In 2006, the Adam Walsh Child Protection and Safety Act (AWA) authorized the establishment of the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART Office) within the U.S. Department of Justice—the first federal office devoted solely to sex offender management-related activities—to implement the Sex Offender Registration and Notification Act (Title I of AWA).

In 2011, the SMART Office began work on the Sex Offender Management Assessment and Planning Initiative (SOMAPI) to assess the state of research and practice in the field and inform OJP's research and grant-making efforts. As part of this effort, the office gathered information and enlisted practitioners to (1) provide details about sex offender management programs and practices that are promising or effective and (2) identify the needs of the various disciplines involved in managing this population.

The SMART Office contracted with the National Criminal Justice Association (NCJA) and a team of subject-matter experts to review and summarize the scholarly literature on sex offending and sex offender management. To gain insight into emerging issues, promising practices, and pressing needs at the state and local levels, NCJA conducted an informal national inventory of sex offender management professionals in 2011. Thereafter, the SMART Office hosted the Sex Offender Management Research and Practice Discussion Forum (SOMAPI forum) in February 2012, where researchers and practitioners discussed the research summaries and inventory results to refine what is known about sex offender management, identify gaps in research and practice, and assess the needs of the disciplines involved in this work. Recommendations from the SOMAPI forum informed this report, which reviews the literature on adult sex offenders and juveniles who commit sex offenses. Given their fundamental differences, it is critical to distinguish between these populations when describing their characteristics or discussing research on etiology, recidivism, risk, and the effectiveness of interventions.

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Adult Sex Offenders

Incidence and Prevalence of Sexual Offending

This chapter presents data on sex crimes and assesses the relative strengths and weaknesses of various data sources on their ability to document the true incidence and prevalence of sex offending.

Survey data reveal that sex crimes are not only often unreported, they are often unseen by anyone other than the victim and perpetrator. Nevertheless, statistics on the incidence and prevalence of sex crimes, as well as trend data, can provide 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.

It is difficult to create an accurate accounting of the extent of sex offending because definitions of sex offending, reference periods, and sample measurements vary. Nevertheless, several sources are considered authoritative for measuring the incidence and prevalence of sex crimes, including Uniform Crime Reports (UCR), National Crime Victimization Survey (NCVS), National Violence Against Women Survey (NVAWS), and National Intimate Partner and Sexual Violence Survey (NISVS).

These sources, among others described in this chapter, provide various measures of sex offending and sexual victimization among various groups—from national estimates among the general population to estimates of victimization among specific demographic groups (e.g., college students, individuals with disabilities) to self-reports of offending by incarcerated offenders. What is known about victims and offenders is based on an incomplete picture of the true extent of victimization. Sources that rely on official police reports tend to understate sex offending because the crime is often not reported, whereas those that rely on victim self-reports may fail to count victimizations that the respondent does not consider to be crimes.

FINDINGS

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

There is no single definition of sex 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.

Recommendations

- Additional research is needed to determine how the criminal justice system may contribute to underreporting and the steps that can be taken to address the problem and improve support for victims.
- Investigate whether the wording of questions on victimization surveys influences reported levels of sexual violence.
- 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.
- More research is needed to understand the extent and nature of sexual victimization of individuals in vulnerable situations.

Etiology of Adult Sexual Offending

Knowledge about the origins, causes, and pathways to sexual offending can play a critical role in the development and delivery of effective public safety strategies. Therefore, this chapter focuses on research related to the etiology of sex offending behavior.

Our understanding of the causes and origins of sexually abusive behavior is rudimentary. Two types of theories have been advanced to explain sex offending—(1) those that rely on a single factor and (2) those that hypothesize an interaction among multiple factors.

Single-factor theories include those that attribute sex offending to biology, evolution, personality, cognition, behavior, social learning, and the structure of gender relations. Some of these theories lack empirical evidence. Others correlate with some aspects of sex offending but do not explain why some people sexually offend and others do not. For example, those who were sexually abused as children are more likely to grow up to be abusers, and a correlation exists between the age of first victimization, the number of perpetrators, the violence of the sex acts, and the duration of the abuse and the likelihood of later offending. Nevertheless, most abused children (particularly girls) do not grow up to be abusers, and most sex offenders were not sexually abused as children.

These limitations have led to theories that combine multiple factors to explain sex offending behavior:

- **Precondition theory** posits four preconditions: the motivation to abuse, overcoming internal and external inhibitors, and victim resistance.
- **Integrative theory** posits that the prominent causal factors for sex offending are developmental experiences, biological processes, cultural norms, and the psychological vulnerability that can result from a combination of these factors.
- The **quadripartite model** looks at four factors in relation to sex offending: deviant sexual arousal, negative thought processes, lack of emotional control, and personality problems or disorders.
- The **pathways model** identifies five causal pathways to sex offending based on different clusters of symptoms: intimacy deficit, deviant sexual scripts, emotional deregulation, antisocial cognition, and multiple dysfunctional mechanisms.
- The **confluence model** hypothesizes that sexual promiscuity and hostile masculinity merge to result in sexually aggressive behavior.
- **Multimodal self-regulation** theory integrates various psychological perspectives and implicates self-regulatory deficits as key to developing sexually inappropriate interests and behaviors.

Two major shortcomings are noted from review of the literature: 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 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. Equally important is the propensity of etiological theories to focus on explanations for sex offending that reside within the individual. Few consider the ways in which social structures and cultural phenomena contribute to sex offending behavior.

Recommendation

- Further study is needed regarding the integration of theories and the ways that different factors involved in sex offending relate to one another.

Sex Offender Typologies

This chapter reviews offender typologies that may serve to determine offender risk and criminogenic needs for the effective treatment and management of sex offenders. Although other typologies exist, this chapter only includes the classification systems that have been empirically derived and validated.

Most theories regarding sexual deviance postulate that sex offenders specialize in types of victims and offenses. The most

FINDINGS

There is no simple answer to the question of why people engage in this behavior.

The problem of sex offending is too complex to attribute solely to a single theory.

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.

FINDINGS

frequently used and empirically tested sex offender typologies follow:

- **Child sex abusers.** Pedophilia, the most important distinction among child sex abusers, is a sexual preference for children that may or may not lead to child sexual abuse, but when it does lead to abuse, it is a strong predictor of repeated offending. Not all individuals who sexually assault children are pedophiles.
- **Rapists.** Compared to child sex abusers, rapists tend to be younger, to be socially competent, to have engaged in an intimate relationship, and to resemble violent offenders or criminals in general. They have a greater number of previous violent convictions, tend to use greater levels of aggression and force, and are more likely to reoffend violently rather than sexually.
- **Female sex offenders.** Female offenders are more likely to sexually assault males and strangers, and less likely than male offenders to sexually reoffend. They report extensive childhood abuse and are often motivated by power and sexual arousal.
- **Internet offenders.** Internet offenders are motivated by a sexual interest in children, but not all Internet offenders are pedophiles. Conventional contact sex offenders have a greater risk of sexual recidivism than online-only offenders.

Typologies are based on theories postulating that sex offenders specialize:

- Child abusers.
- Rapists.
- Females.
- Internet offenders.

Crossover offending presents a challenge to traditional typologies.

Recent advances: developmental risk factors and offense pathways.

For the past 25 years, several studies have reported that rapists often sexually assault children and incest offenders often sexually assault children both within and outside their family. In addition, studies have shown crossover between Internet and hands-on offending, which presents significant challenges to traditional sex offender typologies.

Recent models of the sex offense process include etiological theories of sex offending and treatment-relevant factors based on clusters of behaviors and psychological processes. The most promising models are the developmental pathways of sex 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 and may ultimately replace traditional typologies to inform treatment and management of sex offenders.

Recommendation

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

Internet-Facilitated Sexual Offending

This chapter describes what is known about the motivations and other psychological characteristics of Internet offenders, as well as differences between child pornography and solicitation offenders, in order to better understand the individuals who commit these kinds of crimes and their correctional and clinical needs.

Arrests for Internet sex crimes have tripled in the United States. This increase has been paralleled by a decrease in the number of reported child sexual abuse cases and in violent crime more broadly. This indicates that Internet sex offending is a new phenomenon that may not be influenced by the same factors as other sexual or violent crimes. Given that Internet offending outstrips law enforcement resources, prosecutors have made the following types of cases priorities:

- Cases involving the production or high-level distribution of child pornography.
- Solicitation cases involving attempts to meet face to face.
- Cases involving Internet offenders who have already sexually assaulted children or are currently doing so.

Many, but not all, Internet offenders are motivated by a sexual interest in children. However, pedophilia is not the sole motivation for Internet offending involving children; some offenders cite indiscriminate sexual interests, an "addiction" to pornography, and curiosity.

Solicitation offenders primarily target young adolescent females, and some researchers suggest that these offenders may have more in common with statutory sex offenders than with pedophiles. Some researchers suggest that a distinction exists between fantasy-driven and contact-driven solicitation offenders, and that the fantasy-driven group is not interested in or likely to commit contact sex offenses. Solicitation offenders are similar or lower in potential risk for reoffending than child pornography offenders.

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.

FINDINGS

Types:

Possession, distribution, and production of child pornography.

Sexual solicitation.

Conspiracy crimes.

Offender characteristics:

One in eight had an official record for contact sex offending.

Fifty-five percent admitted to a history of contact sex offending.

Offenders were relatively low risk compared to contact sex offenders.

Child pornography offenders are likely to be pedophiles.

Solicitation offenders are primarily interested in adolescent girls.

The most clearly articulated intervention program to date—the Internet Sex Offender Treatment Programme in the United Kingdom—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.

Recommendation

- More research on the onset and maintenance of Internet sex offending is needed to design effective interventions. Although other areas require research attention, intervention is the area with the largest gaps in knowledge.

Adult Sex Offender Recidivism

This chapter summarizes what is scientifically known about the recidivism rates of adult sex offenders and presents key, up-to-date research findings on both sexual and general recidivism for sex offenders as a whole as well as for female and male sex offenders, rapists, child molesters, and exhibitionists.

Recidivism is difficult to measure, particularly involving sex offenders. The surreptitious nature of sex crimes, the fact that few sex offenses are reported to authorities, and variation in the ways researchers calculate recidivism rates all contribute to the problem. This has no doubt contributed to the lack of consensus among researchers regarding the proper interpretation of some research findings and the validity of certain conclusions.

Knowledge about general recidivism is important because many sex offenders engage in both sexual and nonsexual criminal behavior. Sex offenders are more likely to recidivate with a nonsex offense than a sex offense. In addition, some crimes legally labeled as nonsexual may be sexual in their underlying behavior.

All Sex Offenders

The largest single study of sex offender recidivism conducted to date found a sexual recidivism rate of 5.3 percent for the entire sample of sex offenders based on an arrest during the 3-year followup period. The violent and overall arrest recidivism rates 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. Sex offenders had a lower overall rearrest rate than nonsex offenders, but their sex crime rearrest rate was four times higher. Other studies have produced similar findings.

Recidivism rates of sex offenders increase as followup periods lengthen and with the number of convictions. A set of studies that followed offenders at 5-year intervals up to 20 years found that rearrests for sex offending increased steadily from 14 percent to 27 percent over that time. In addition, the 15-year rearrest rate for offenders who had a prior conviction for sex offending was nearly twice that of first-time offenders. However, offenders who were not rearrested for sex offending within the first 5 years were progressively less likely to sexually recidivate the longer they remained offense-free.

Female and Male Sex Offenders

Although most known sex offenders are male, estimates suggest that females commit between 4 and 5 percent of all sex offenses. Research indicates that female sex offenders reoffend at significantly lower rates than male sex offenders.

Rapists and Child Molesters

Rapists have a lower overall recidivism rate than nonsex offenders but a higher sexual recidivism rate. Those with multiple prior arrests were twice as likely to be rearrested within 3 years as those with only one prior arrest. Rapists also have a greater propensity to reoffend in the long term than other sex offenders.

Child molesters were more likely than any other type of offender—sexual or nonsexual—to be arrested for a sex crime against a child following release from prison. In addition, those offenders with multiple prior arrests for child molesting were three times more likely to be rearrested for child molesting than those with only one prior arrest.

Recommendations

- Research documenting the recidivism patterns of crossover offenders and other specific sex offender subtypes is needed.
- Research is needed to develop a way to bridge the gap between the perspective that "few sex offenders reoffend" and the evidence that few victims report their victimization.
- Far more policy-relevant research is needed on the absolute and relative risks that different types of sex offenders pose.

Sex Offender Risk Assessment

This chapter summarizes advances in assessment practices and the current state of risk assessment in use with sex offenders.

Risk assessment is used during sentencing and criminal adjudications; determinations of treatment needs, settings, and

FINDINGS

Observed recidivism rates of sex offenders are underestimates of actual reoffending.

Measurement variations across studies (operational definitions, length of the followup period, populations being studied, methods used) often produce disparate findings.

Sexual recidivism rates range from 5 percent after 3 years to 24 percent after 15 years.

The rates of recidivism for general crime are higher than those for sex crime.

Different types of sex offenders have different rates of recidivism.

FINDINGS

modalities; registration and notification proceedings; and civil commitment proceedings.

Risk assessment methods include unstructured professional opinion, actuarial methods using static predictors, and methods that include both static and dynamic factors, which are becoming more prevalent. These instruments also provide targets for intervention.

Factors often considered as potential adjustments to actuarial measures are "criminogenic needs" or psychologically meaningful risk factors. For a risk factor to be psychologically meaningful, there must be a plausible rationale that it is a cause of sex offending and there must be strong empirical evidence that it predicts sexual recidivism.

A meta-analysis of risk assessment instruments concluded that empirically derived actuarial approaches were more accurate than unstructured professional judgment in assessing risk. However, although significant advances have been made regarding the reliability and predictive validity of risk assessment instruments, some experts are skeptical that a single actuarial scale containing all relevant risk factors could ever be developed. Clinicians often use more than one instrument, especially in civil commitment evaluations. One expert 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.
- Consider all relevant factors.
- Use risk assessment to help develop treatment targets and risk management strategies.
- Allow the assessment of both long- and short-term changes in risk.
- Incorporate protective and risk factors.
- Engage the patient/offender in the assessment process.
- Use risk assessment methods that are easy to implement in a broad range of settings.

Recommendations

- Evaluators need to be trained and monitored to ensure that risk assessment procedures and instruments are used appropriately and with integrity.
- Treatment and management efforts must be tailored to match the appropriate intervention with each sex offender's risk level and criminogenic needs.
- Science-based, actuarial methods for assessing risk are advisable based on current knowledge.

Effectiveness of Treatment for Adult Sex Offenders

This chapter summarizes what is scientifically known about the impact of treatment on the recidivism of adult sex offenders. It presents key, up-to-date research findings from single studies of treatment effectiveness as well as from research that synthesizes information from multiple studies.

According to a recent survey, 1,307 sex-offender-specific treatment programs were operating in the United States in 2008. That year, treatment programs for sex offenders were operating in all 50 states and the District of Columbia, and more than 80 percent were community based, providing therapeutic services to more than 53,811 offenders.

The first major sex offender treatment program evaluation to use a randomized controlled trial found no significant treatment effects overall; however, high-risk offenders and child molesters who responded to treatment were less likely to sexually recidivate than other participants. Several other large-scale studies found similar effects.

The most systematic and rigorous meta-analysis of treatment effectiveness studies found significant differences between the recidivism rates of treated and untreated offenders. Physical treatments had larger treatment effects. Among psychological treatments, cognitive-behavioral treatments and behavior therapy had significant effects. Treatment effects also were greater for sex offenders who completed treatment, as dropping out doubled the odds of recidivating.

Another review of high-quality studies found that cognitive-behavioral/relapse prevention treatment, behavioral treatment, and hormonal medication all significantly reduced sexual recidivism. A meta-analysis of six rigorous studies of adult sex offender treatment with aftercare found that these programs reduced recidivism, on average, by 9.6 percent. In addition, they produced a net return on investment of more than \$4,000 per

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.

FINDINGS

Certain treatment approaches work:

Cognitive-behavioral/relapse prevention approaches.

Adherence to risk, need, and responsibility principles.

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.

program participant, or more than \$1.30 in benefits per participant for every \$1 spent.

The risk-need-responsivity (RNR) principles used in treating general offenders also applies to sex offender treatment. That is, higher risk offenders are more likely to benefit from treatment than lower risk offenders, programs that target offenders' criminogenic needs are more successful at reducing recidivism, and successful programs respond to the motivation, cognitive ability, and other characteristics of the offender.

In sum, findings from recent systematic reviews and meta-analyses suggest that certain treatment approaches can and do work. 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 RNR principles is important. High- and moderate-risk offenders benefit most from treatment.

Two treatment approaches that have grown in prevalence in recent years are the Good Lives Model (GLM) and self-regulation model (SRM). GLM attempts to equip sex offenders with the skills, attitudes, and resources needed to lead a prosocial, fulfilling life, thereby reducing the likelihood of reoffending. SRM identifies four offense pathways that address an individual's offending behavior goals and the manner in which the individual tries to reach them. SRM was recently integrated with GLM to create a more comprehensive treatment approach. Unfortunately, little is known about the efficacy of these treatment models (either alone or in tandem) for reducing the recidivism of sex offenders. Research examining their effectiveness with sex offenders is needed

Recommendations

- The SOMAPI forum participants acknowledged the differential impact of treatment and the need for tailored rather than uniform treatment approaches.
- The experts who participated in the SOMAPI forum acknowledged the long-identified need for more high-quality studies on treatment effectiveness and identified both randomized control trials and highly rigorous quasi-experiments that employ equivalent treatment and comparison groups as future research needs.
- A key research priority that is important for both policy and practice is the gathering of empirical evidence that specifies what works for certain types of offenders, and in which situations.

Sex Offender Management Strategies

This chapter reviews the research related to several sex offender management strategies. The review describes research studies within each strategy, the limitations of the current research, and a summary of the research and notes recommendations for future research.

Despite the intuitive value of using science to guide decision-making, laws and policies designed to combat sex offending are often introduced or enacted without empirical support. The reasons why this occurs are complex and are not explored here. 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.

A number of sex offender management strategies are widely used:

- **Specialized supervision.** Specially trained probation and parole officers manage sex offenders using specific supervision strategies that include special conditions of supervision, multidisciplinary collaboration with a treatment provider, and, if appropriate and permissible, the use of GPS and polygraph. There is empirical support for such models when they are delivered in conjunction with treatment, but not when used in isolation or without treatment.
- **Circles of Support and Accountability (COSA).** The COSA model begins after offenders have completed legal supervision. It helps offenders garner community resources while holding them accountable to a self-monitoring plan. Studies of COSA have consistently found that its participants sexually recidivate at a significantly lower rate than the comparison group.
- **Polygraph.** The use of polygraphs in managing sex offenders is somewhat more controversial than other strategies, although their use has increased greatly since the 1990s. Multiple studies across various jurisdictions indicate that polygraphs lead sex offenders to disclose additional victims, offenses, and offense categories; high-risk behaviors; age of onset, duration of offending, and frequency of offending; and details of offending strategies. Polygraph testing should be one component of an overall sex offender management strategy, but should not be relied on exclusively for sex offender management.
- **Electronic monitoring, including GPS.** Studies of the effectiveness of electronic monitoring overall have been inconclusive, although a Florida study found promising results in reducing criminal recidivism and absconding. Although GPS may eventually be found to be effective as one strategy in an overall approach for managing sex offenders, existing empirical studies do not establish that it is effective when used alone.

FINDINGS

Some empirical support exists for intensive supervision with a rehabilitative treatment approach. However, these studies had short followup 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 (GPS) 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

- **Sex offender civil commitment.** Twenty states, the District of Columbia, and the federal government allow for sex offender civil commitment (SOCC) procedures, believing that some offenders will continue to be at high risk for committing a new sex offense if they are not preventively detained and offered treatment. Most SOCC statutes require the state to demonstrate that a potential candidate for civil commitment has (1) a history of 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. There has not been adequate empirical study to determine the effectiveness of SOCC in terms of its impact on postrelease offending.
- **Sex Offender Registration and Notification (SORN).** The public supports SORN laws and believes that they make families and communities safer. Offenders often report negative social and personal consequences but may also report positive effects in terms of deterring offenses or promoting rehabilitation. Research results are mixed concerning the impact of SORN laws on matters such as sex crime rates and recidivism. The import of past research is also clouded by methodological problems in existing studies and more recent developments in sex offender registration and notification. No study to date has examined the multifaceted elements of registration laws generally or SORNA specifically. SORNA incorporates registration requirements and procedures, and information sharing and enforcement mechanisms, going beyond those prevalent in registration and notification systems examined in past studies.
- **Residency restrictions.** Restrictions that prevent convicted sex offenders from living near schools, daycare centers, and other places where children congregate have generally had no deterrent effect on sexual reoffending, particularly against children. In fact, studies have revealed that proximity to schools and other places where children congregate had little relation to where offenders met child victims.

may also report that the requirements deter offending or motivate them to be successful.

Recommendations

- Jurisdictions should use specialized supervision with a rehabilitation orientation as one component of an overall sex offender management strategy.
- Given COSA's ability to facilitate collaboration with members of the community, the SOMAPI forum experts recommend COSA as a sex offender management strategy.
- Given the limitations of scope and methodology in existing SORN research, further research is desirable to inform any future changes to SORN.
- SOMAPI forum participants do not recommend expanding the residency restriction policy.

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Juveniles Who Commit Sex Offenses

Unique Considerations Regarding Juveniles Who Commit Sexual Offenses

This chapter serves as an overview of section 2 of this report, which focuses specifically on research pertaining to juveniles who sexually offend.

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 sex offenses. Recent advances have identified extensive and profound developmental differences between juveniles and adults, such as the capacity to plan ahead and to consider the future consequences of their actions, regulate emotions, control behavior, and weigh the costs and benefits of decisions.

Etiology and Typologies of Juveniles Who Have Committed Sexual Offenses

This chapter addresses the etiology of sexual offending by juveniles and the typologies for juveniles who commit sexual offenses. The etiological research reviewed in this chapter addresses the origins of juvenile sexual offending and the pathways related to the development, onset, and maintenance of sexually abusive behavior in this population. The typological research addresses classification schemes based on types or categories of offenders or victims and offense characteristics.

Etiology

Sexual victimization plays a disproportionate role in the development of sexually abusive behavior in adolescents, whether in a direct path from sexual victimization to sexually abusive behavior or an indirect path that is mediated by personality variables. Sex abuse should not be examined in isolation, however, as it clearly co-varies with other developmental risk factors, such as traumatic physical and sexual abuse, neglect, and chaotic family environments. Early childhood maltreatment increases the likelihood of sexually abusive behavior later in life, either directly or indirectly, in relationship with personality variables.

Adolescents who have been sexually abused are more likely to sexually victimize other youth than youth who have not been

FINDINGS

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 and criminal intent.

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.

FINDINGS

The sex offending of some adolescents represents a reenactment of their own sexual victimization.

For some adolescents, sexual aggression is a learned behavior modeled after what they observe at home.

sexually abused. Juveniles who have been sexually victimized are more likely to select sexual behaviors that reflect their own sexual victimization regarding the age and gender of the victims and the types of sexual behaviors they perpetrate against the victims.

Adolescent sex offending cannot be explained as a simple manifestation of general antisocial tendencies. Most adolescents who sexually offend come from a disturbed family background, and significant proportions suffer from attention deficit/hyperactivity, posttraumatic stress, and mood disorders. They likely also lack protective factors such as emotional support and social competence. Adolescent alcohol abuse and early exposure to pornography also may play a role in juvenile sexual coercion.

Typologies

Research has primarily differentiated subtypes of juveniles who have committed sex offenses based on victim age, delinquency history, and personality characteristics.

Victim age. There are meaningful differences between youth who sexually offend against younger children (5 or more years younger) and those who target peers and adults. Offenders who target children are younger at the time of offense, more likely to have same-sex victims, more likely to target relatives, less likely to use aggression, and more likely to suffer from clinical depression and anxiety, poor self-esteem, and deficits in psychosocial functioning. Offenders who assault peers or adults are more likely to use force and weapons, to act in a group, to offend in a public place, and to be under the influence of alcohol and drugs. They are also more likely to assault a member of the opposite sex, assault a stranger or acquaintance, and commit the offense in association with other criminal activity. Data suggest that youth who assault peers or adults are not substantially different from other delinquent youth on most measures of adolescent social development.

Delinquency history. Adolescents who committed only sex offenses had significantly fewer childhood conduct problems, better current adjustment, more prosocial attitudes, and a lower risk for future delinquency than adolescents who committed both sex and nonsex offenses. Adolescents who committed sex and nonsex offenses are at higher risk for general reoffending than adolescents who committed only sex offenses and are more likely to benefit from treatment targeting general delinquency factors.

Victim age and delinquency history. One study has suggested a dimensional approach, based on the following factors, for describing juveniles who have committed sex offenses:

- Single offender with severe molestation of a related child.
- Persistent general delinquent.
- Older offender with alcohol use and family constraints.
- Multiple and aggressive offender with social adversities.
- Offender with unselected and multiple victims.

Victim age and personality characteristics. Evidence suggests that treatment programs may be enhanced by considering the type of victim (child or peer). A comparison of the personality characteristics of adolescents who commit sex offenses against their peers and those who offend against younger children indicates that adolescents who offend against children are more schizoid, avoidant, and dependent than those who offend against peers.

Recommendation

- It is important to use individualized treatment and supervision strategies.

Recidivism of Juveniles Who Commit Sexual Offenses

This chapter reviews recidivism research on juveniles who commit sex offenses and presents research findings concerning both sexual and general recidivism.

Many juveniles who commit sex offenses also engage or will engage in nonsexual criminal offending. Data on the recidivism rates of juveniles who commit sex offenses, through official statistics, underreport the true extent of reoffending. However, these data can help policymakers and practitioners develop interventions that are effective, appropriate, and proportionate for juvenile offenders by examining how they compare to rates found for both adult sex offenders and other juvenile offenders.

Research found no significant difference in sexual recidivism between juveniles who committed sex offenses who were released from correctional and residential settings and those who were released from community-based settings, indicating that placement decisions may not have been appropriately based on assessed risk. Research also has not found a significant difference in sexual recidivism between juveniles who commit sex offenses against peer or adult victims and those who commit sex offenses against child victims.

Comparisons involving juveniles who commit sex offenses with those who commit nonsex, general offenses produced mixed results. Some studies found that juveniles who commit sex offenses had significantly higher rates of sexual and general

Adolescents who commit sex offenses have much less extensive criminal histories, fewer antisocial peers, and fewer substance abuse problems compared with nonsexual offenders.

Meaningful differentiation can be made between youth who sexually offend against younger children and those who target peers and adults.

Individualized treatment is needed, rather than a "one size fits all" approach.

FINDINGS

There is no significant difference in the rate of either sexual or general recidivism between juveniles with older victims and those with younger victims.

The sexual recidivism rates of juveniles who commit sex offenses range from about 7 percent to 13 percent after 59 months.

Recidivism rates for juveniles who commit sex offenses are generally lower than those observed for adult sex offenders.

A relatively small percentage of juveniles who commit a sex offense will sexually reoffend as adults.

recidivism than their general-offending juvenile counterparts, while others did not.

Recommendations

- More policy-relevant research is needed on the absolute and relative risks posed by different types of juveniles who commit sex offenses.
- Policies designed to reduce sexual recidivism for juveniles who commit sex offenses should be evaluated for their effectiveness and their potential iatrogenic effects on juveniles, their families, and the community.
- Intervention efforts should be concerned with preventing sexual and general recidivism.
- Given that there may be fundamental differences between juveniles who commit sex offenses and adult sex offenders, sex offender management policies commonly used with adult sex offenders should not automatically be used with juveniles. Empirical evidence concerning both the effectiveness and potential unintended consequences of policies should be considered carefully before they are applied to juveniles.

Juveniles who commit sex offenses have higher rates of general recidivism than sexual recidivism.

Assessment of Risk for Sexual Reoffense in Juveniles Who Commit Sexual Offenses

This chapter reviews the literature on the assessment of risk for sexual recidivism for juveniles who commit sexual offenses, summarizes what is scientifically known about risk assessment, and presents key, up-to-date research findings on the defining features and predictive accuracy of commonly used assessment instruments.

Researchers have identified six goals for juvenile risk assessment:

1. Identify patterns of troubled thoughts, feelings, and behaviors.
2. Recognize and understand learned experiences and processes that contribute to developing and maintaining juvenile sexually abusive behavior.
3. Identify situational contexts and correlates of sexually abusive behavior.
4. Evaluate the probability of recidivism of sex offending.
5. Assess the juvenile's motivation for engaging in treatment approaches aimed at emotional and behavioral regulation.
6. Gather the information required to develop interventions and treatment.

Two general models are used in juvenile risk assessment: actuarial and clinical. In the actuarial model—also known as statistical or mechanical assessment—risk is determined entirely by a statistical comparison between the personal characteristics and past behavior of the juvenile and those of known recidivists. Clinical risk assessment, on the other hand, is based on observation and professional judgment, either unaided or guided by a structured risk assessment instrument.

Both models have strengths and weaknesses, and studies have found that combining static (actuarial) and dynamic (clinical) risk factors significantly improves prediction of sexual recidivism in juveniles who commit sex offenses. Third- and fourth-generation risk assessment instruments combine both approaches, and fourth-generation methods also incorporate factors relevant to treatment interventions, case management, and monitoring.

Most important to understanding risk is the presence and interaction of multiple risk factors rather than any single risk factor alone. Research on the risk factors for sexual recidivism has produced inconsistent and sometimes contradictory results. Moreover, as some researchers have pointed out, risk factors for sexual recidivism may operate differently in different people and at different points in child and adolescent development.

In North America, the two most commonly used risk assessment instruments for juvenile sex offending 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 sex 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.

The research on J-SOAP-II and ERASOR offers inconsistent and weak support for their predictive validity. Few studies focusing on JSORRAT-II have been undertaken to date, and their findings offer little empirical support for its predictive validity.

FINDINGS

The contention that actuarial assessment can predict risk more accurately than clinical assessment is not universally accepted, and many have noted that both assessment models have strengths and weaknesses. It is generally recognized, however, that 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.

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 sex offending remains weak and inconsistent.

Although the literature features some empirical support for the predictive validity of the J-SOAP-II, ERASOR, and JSORRAT-II assessment tools, 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.

The Multiplex Empirically Guided Inventory of Ecological Aggregates for Assessing Sexually Abusive Adolescents and Children is a structured clinical risk assessment instrument being developed for use with males and females ages 5–19 and of all IQ levels. Targeting such a wide range of subjects in terms of age, gender, and cognitive capacity with a single instrument may undermine its capacity to predict recidivism accurately. One recent study 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 also that different instruments be used for different age groups within adolescence.

Despite their importance in mitigating risk, few juvenile risk assessment instruments incorporate protective factors, and those that do either have no empirical support or have not yet been empirically validated.

Recommendations

- There is a clear need for juvenile risk assessment instruments and processes to focus on estimates of short-term rather than long-term risk. Estimates of risk more than 1 to 3 years into the future are unlikely to account sufficiently for the fluid nature of child and adolescent development.
- Funds for training and technical assistance are needed to ensure that evaluators are well trained and understand the nature of the risk assessment process and the limitations of assessment instruments that are available.
- Protective factors should be incorporated into juvenile risk assessment instruments, both those in use and those that will be developed in the future.

Effectiveness of Treatment for Juveniles Who Sexually Offend

This chapter reviews the scientific evidence on the effectiveness of treatment for juveniles who commit sexual offenses, summarizes what is scientifically known about the impact of treatment on recidivism, and presents key, up-to-date research findings from single studies of treatment effectiveness as well as from synthesis research.

In 2008, more than half of the sex-offender-specific treatment programs operating in the United States provided services to juveniles. Most juvenile programs served adolescents, but about 30 percent provided treatment to children ages 11 and younger. Overall, adolescents accounted for about 23 percent and children ages 11 and younger accounted for about 3 percent of all clients treated in these programs.

Juveniles who commit sex offenses vary in their offending behaviors and future risk. Therapeutic interventions for juveniles increasingly take this diversity into account, along with family, peer, and other social correlates that relate to sexually abusive behavior in youth.

Systematic reviews employing meta-analysis have consistently found that sex offender treatment for juveniles works, particularly multisystemic therapy (MST) and cognitive-behavioral treatment approaches. MST is a community-based intervention that works within multiple systems (i.e., individual, family, school) to address the causes of a child's delinquency.

Cost-benefit analysis also demonstrates that sex offender treatment programs for youth can provide a positive return on taxpayer investment.

Treatment approaches that are developmentally appropriate, take motivational and behavioral diversity into account, and focus on family, peer, and other contextual correlates of sexually abusive behavior in youth, rather than on individual psychological deficits alone, are likely to be the most effective.

Recommendations

- Programs need to tailor treatment to individual juvenile offenders rather than follow a uniform treatment approach for all offenders.
- High-quality studies are needed to help identify offender- and situation-specific treatment approaches that work.
- There is a pressing need for trustworthy evidence on the treatment modalities used with juvenile offenders and elements that are effective with juveniles who have committed sex offenses.

Registration and Notification of Juveniles Who Commit Sexual Offenses

This chapter reviews studies that have been conducted on the effectiveness of sex offender registration and notification as it pertains to juveniles who commit sex offenses. Findings from studies comparing the recidivism rates of juveniles who commit sex 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.

To date, 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 the vast majority require registration and public notification for juveniles transferred for trial and convicted as an adult. The SORNA standards, enacted by Congress in 2006, include registration for

FINDINGS

Single studies have consistently found at least modest treatment effects for sexual and nonsexual recidivism.

Meta-analysis studies have consistently found that sex offender treatment works, particularly multisystemic and cognitive-behavioral treatment approaches.

Cost-benefit analysis demonstrates that sex offender treatment programs for youth can provide a positive return on taxpayer investment.

FINDINGS

Conclusions about the impact of sex offender registration and notification (SORN) with juveniles are difficult to make because few

juveniles ages 14 and older who are adjudicated delinquent for certain violent sex offenses.

Two before-and-after studies of juvenile SORN did not find statistically significant decreases in sex crime arrest rates or sexual recidivism. Recidivism studies suggest at least a marginal difference in propensity to reoffend between juveniles who commit sex offenses and adult sex offenders. A number of comparison studies have reported higher sexual recidivism rates for juveniles who commit sex offenses than for other juvenile offenders, but in most of the studies, the differences did not reach the level of statistical significance.

Recommendations

- Further expansion of SORN with juveniles is not recommended in the absence of more empirical evidence supporting the utility of this strategy.
- Research using scientifically rigorous methods is needed to assess the impact of SORN on juveniles who commit sex offenses.

studies have been conducted, available research has not isolated SORN's impact from other interventions, and the overall sexual recidivism rate among juveniles is low.

Juvenile cases have been pled to non-registration offenses at the expense of the juvenile not being eligible for treatment.

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