

Journal Highlights

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Factors Predicting Adolescent Sexual Reoffending

In this systematic review, the authors examined research literature studying recidivism among adolescent sexual offenders. Specifically, the authors sought to identify those factors found to be reliable predictors of recidivism. Though largely described as an inadequate measure of recidivism, reconviction of a sexual offense is the most common measure used to study sexual recidivism. Studies in this review also included measures of adolescent self-report or re-arrest.

Using a variety of key terms, the authors searched Psycinfo [sic], Medline, and the Cochrane Library for studies to be used in the review. Articles selected had to comprise youth ages 12–21 years and be published post-1990 and pre-2003. Of the 20 identified published studies of recidivism of adolescent sexual abusers, 12 studies (totaling 1,315 juvenile sexual abusers) met selection criteria and were included in the review.

The mean age of youth in the majority of studies was 15.12 (SD 1.15), and most study samples involved youth identified as child abusers, rapists, and exhibitionists. Sexual offenders in all studies received specialized treatment, mostly based on cognitive behavioral interventions. Comparison groups were included in only four studies. The mean follow-up time across studies was 5½ years, with a mean base rate for sexual recidivism of 14%. General offender recidivism among the study samples was much higher.

Noting challenges with using reconviction as an accurate measure, the authors found that the incidence of sexual recidivism significantly increased with follow-up time. This finding reflects those reported in earlier studies. Ten of the studies reviewed also examined factors potentially associated with sexual recidivism. Three risk factors were found to be significantly related to sexual recidivism: previous sexual and/or nonsexual offenses, presence of multiple victims, and perpetration of stranger victims. Rates of sexual recidivism were lower than those for general nonsexual recidivism. Nonsexual recidivism was more highly predicted by psychopathy, antisocial behavior, or early onset conduct disorder than sexual recidivism.

Gerhold, C. K., Browne, K. D., & Beckett, R. (2007). Predicting recidivism in adolescent sexual offenders. *Aggression and Violent Behavior, 12*(4), 427-438.

An Ecological Approach to Defining and Assessing Sexually Abusive Behavior

In this conceptual article the authors discussed a specific tool designed to define and comprehensively assess youth identified as sexually abusive. The instrument, designed by the second author, is the *Multiplex Empirically Guided Inventory of Ecological Aggregates for Assessing Sexually Abusive Children and Adolescents (MEGA)*. The article provides an overview and supportive discussion of the elements comprising the tool and its application with child and adolescent sexual offenders.

The development of the *MEGA* is predicated upon the authors' contentions that existing measures to assess sexually abusing young people do not adequately define sexually abusive behavior for all youth under age 19, do not assess youth's existing protective factors, and thus do not provide the comprehensive assessment necessary for designing appropriate interventions. Ecological systems theory is used as a basis for measurement elements. The authors suggested that in contrast to existing tools, the *MEGA* is appropriate for all youth under 19 regardless of developmental ability, is not limited to males, and may be administered by both clinical and nonclinical practitioners in a variety of treatment settings.

The instrument comprises seven aggregate domains, each addressing both risk and protective factors. These domains include neuropsychological functioning, family background, history of antisocial behavior, nonconsensual sexual incidents, degree of sexual coercion, intent/motivation of sexual behavior, and relationship (i.e., predatory nature) of youth to victim(s). The neuropsychological domain is noted as an integral component of the instrument. While no psychometric properties were offered in this article, the authors noted that the instrument is currently undergoing empirical testing.

Rasmussen, L. A., & Miccio-Fonseca, L. C. (2007). Paradigm shift implementing *MEGA*, a new tool proposed to define and assess sexually abusive dynamics in youth ages 19 and under. *Journal of Child Sexual Abuse, 16*(1), 85-106.

Institutionalized Thinking Impacts Treatment of Juvenile Sexual Offenders

This article used a case study approach to offer a compelling discussion of how codified definitions of appropriate juvenile sexual behavior intersected with institutional decision-making processes to impact legal determinations of juvenile sexual offenders. The author examined data from a previously reported study (Steen, 2001) within Douglas' (1986) theoretical framework of institutional thinking to examine the management of juvenile sex offenders in one county of Washington State. Steen defined institutional thinking as "the dominant assumptions guiding the work of individuals within the institution" (p. 32).

The article provides background information on Washington's legislation and practices governing juvenile sexual offenses, followed by a description of data collection and analysis methods as initially gathered and then applied to this case study. Results and discussion focus on a few key findings. The first is that medical assumptions dominated institutional thinking. That is, juvenile sex offenses were viewed in terms of psychopathology rather than as a potentially isolated incident and, as such, demanded a comparable (typically, long-term) treatment response. Second, even though individuals within the system questioned institutional thinking, their subsequent actions remained consistent with institutional thought and reflected a tendency to ignore the observed contradictions.

The third key finding reflects a pattern whereby individual perceptions of the seriousness of offending behaviors increased as participants engaged in discussion with institutional colleagues.

In effect, decision makers “work[ed] collectively to redefine sex offenses and underlying problems,” which ultimately led to decisions for longer treatment programs. The final finding suggests that rather than fitting a punishment (i.e., treatment) to the crime, institutional thinking in this Washington County tended to lead decision makers to redefine the crime (typically, as more serious) to justify a preferred mode of punishment. Noted exceptions to these last two findings were actions taken by defense attorneys who did not submit to the observed institutional thinking. The author concludes by suggesting that attention to the observed discrepancies between juvenile sexual crimes and subsequent punishment is warranted.

Steen, S. (2007). Conferring sameness: Institutional management of juvenile sex offenders. *Journal of Contemporary Ethnography*, 36(1), 31-49.

Causal Pathways to Predicting Adolescent Male Sexually Offending Behavior

This study used a causal pathway model to examine how types and levels of childhood maltreatment were related to personality traits in predicting sexually coercive behavior in adolescent male sexual offenders. Child maltreatment (the identified predictors or independent variables) included sexual abuse, physical abuse, emotional abuse, and caregiver instability. Personality traits (the dependent variables) included psychopathy, sexual inadequacy, sexual fantasy, child fantasy, and victim outcome. The researchers hypothesized that severity of maltreatment impacts the development of the personality traits, which, in turn, predict adolescent sexual coercion against younger victims.

The study sample included 329 adjudicated juvenile sex offenders from inpatient treatment facilities in four states of the United States. The ethnically diverse sample of participants had an average age of 15.17 years, an average of 3.43 arrests, and a 1–2 year average period of commitment. Data were collected from youth over a 5-year timeframe. The study’s measures were constructed from the Multidimensional Assessment of Sex and Aggression (MASA), an inventory developed and tested by the researchers.

Results largely supported the predictive model. That is, previous child maltreatment of sex offenders along with specific personality traits predicted sexual offending against younger victims. Four pathways emerged as significant in the model and support the roles emotional abuse (particularly parental antipathy) and physical abuse play in predicting psychopathy, sexual inadequacy, sexual fantasy, and/or child fantasy, ultimately leading to child victims. The key role of emotional abuse is specifically noted. A significant direct path was found from youth who had been sexually abused to their subsequent abuse of child victims.

The authors suggested that an enhanced understanding of youths’ early relationships with caregivers and previous maltreatment experiences were critical factors for planning treatment. Given findings related to emotional abuse and caregiver antipathy, treatment should consider related impacts on youths’ psychological status. Finally, the authors made suggestions for improving risk-assessment processes.

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.

Reliability and Validity of Sexual Offending Risk Assessment Measures

The authors of this article contended that existing measures assessing risk for sexual offense have not undergone adequately rigorous testing to ensure their predictive validity. This study sought to test and compare three existing measurement tools for their ability to predict sexual and nonsexual violence in male juvenile sexual offenders. The sample included 169 males placed in a residential treatment facility for sexually abusive adolescents. All participants had been adjudicated for sexual or nonsexual offenses, were ordered into treatment, and had been discharged from treatment no less than 250 days before data were collected. Average age upon placement was 15.37 years. Most youth, 83.4%, were non-Hispanic Caucasian.

Participant case files were reviewed to complete three instruments: J-SOAP-II, J-SORRATT-II, and SAVRY. Data gathered also included youth violence during treatment (sexual and nonsexual) and after discharge. Results indicated that the J-SORRATT-II did not significantly predict either sexual or nonsexual aggression during treatment or postdischarge reoffense. The J-SOAP-II predicted nonsexual aggression during treatment, but not sexual aggression; it did not significantly predict any type of reoffense. The SAVRY predicted nonsexual aggression, but not sexual aggression during treatment; it predicted only serious nonsexual violent offenses postdischarge. The J-SOAP-II predicted serious nonsexual violent offenses better for older youth than younger youth. However, the J-SOAP-II and SAVRY yielded a significantly higher number of false positives for younger youth in predicting all types of violent offenses. In sum, none of the tools was able to significantly predict sexual offenses during or after treatment.

Based on the findings, the authors suggested that researchers should rethink the practice of including both sexual offending and nonsexual offending behaviors on measures assessing risk of offense and, instead, measure one or the other. They further suggested a closer examination of the relevance of age and developmental differences in determining risk for sexual reoffending. Finally, given the limited nature of current risk assessment tools, the authors questioned both legal and treatment decisions being made related to risk for sexual reoffending,

Viljoen, J. L., Scalora, M., Cuadra, L., Bader, S., Chávez, V., Ullman, D., et al. (2008). Assessing risk for violence in adolescents who have sexually offended: A comparison of the J-SOAP-II, J-SORRAT-II, and SAVRY. *Criminal Justice and Behavior*, 35(1), 5-23.

Using the J-SOAP-II Risk Assessment With Ethnically Diverse Adolescents

Authors of this article suggested that current actuarial measures for assessing risk of sexual offense lack empirical support. Thus, this study sought to contribute to validating the J-SOAP-II risk assessment measure for adolescent sexual reoffense. The authors noted that initial research conducted on the J-SOAP-II included a sample of primarily Caucasian offenders; the current study’s sample included primarily minority sexual offenders. In contrast to juveniles in residential care typically included in other studies, the 60 male youth in this study were drawn from a community-

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based adolescent sex-offender treatment program. The average age of youth was 14.9 years. The sample included 50% Latino, 28.3% African American, and 16.7% Caucasian participants.

The J-SOAP-II was completed by the first two authors (who are also clinicians at the treatment program) based on data from clinical intake records; outcome data were gathered from treatment records. A variety of sources were used to determine evidence of sexual reoffense. Participants were reported to have received an average of 95 treatment sessions (SD = 83.3), although the actual average length of time (e.g., months, years) in care was unclear. Results indicated a “moderate level of predictive accuracy” for the J-SOAP-II total score and any sexual reoffense. Analyses indicated that the Dynamic Summary scale contributed significantly more than the Static Summary scale in predicting sexual reoffense.

As a result of the findings, the authors suggested that more attention should be given to dynamic variables (e.g., response to treatment, life changes, community support) in assessing risk for reoffense. However, the authors also noted that their sample of lower-risk adolescents in community-based care versus higher-risk adolescents in residential care may have contributed to some of their findings. Beyond their noted limitations of the study, the authors suggested that some of their nonsignificant findings on the Static subscales may be related to the ethnic makeup of their sample compared with findings in primarily Caucasian samples of previous research on the J-SOAP-II.

Martinez, R., Flores, J., & Rosenfeld, B. (2007). Validity of the Juvenile Sex Offender Assessment Protocol-II (J-SOAP-II) in a sample of urban minority youth. *Criminal Justice and Behavior*, 34(10), 1284-1295.

Rehabilitation Versus Punishment for Juvenile Sexual Offenders in South Australia

This study was part of a larger project called the Sexual Assault Archival Study (SAAS), which sought to examine “the appropriateness of restorative justice in cases of youth sexual violence” (p. 376). The authors analyzed transcripts of 55 (out of an original 385) juvenile sexual offense cases sentenced by judges in South Australia from 1995 to 2001 for which judicial sentencing remarks were available. The researchers used a combination of deductive and inductive approaches to analyze the “judges’ orientations and aims” in sentencing, “how judges reconcile the seriousness of offending and the youthfulness of offenders,” and how judges “balance the competing interests of victims and offenders” (p. 371).

Content analysis revealed that case sentencing fell into three thematic categories: (1) Youth whom the judges felt were future sexual offenders, all cases with victims under age 12 and all cases with sibling victims. While sexual offenses against children were considered serious and judges were concerned about future offenses, judges’ sentencing took a rehabilitative rather than a punitive approach. All of these offenders were sentenced to a treatment program that specialized in treating youth sexual offenders. (2) Antisocial and persistent offenders who concerned the judges not because of their sexual offenses but because of their general criminal behavior. In these cases, the judges felt that punishment, and perhaps some therapeutic intervention for substance abuse and mental health issues, was appropriate. (3) Judges viewed cases as less serious, were characterized as adolescent experimentation by immature offenders

who did not need intervention. The authors noted categories (1) and (3) were consistent with previous literature; category (2) was not usually cited in literature.

The authors suggested that judicial sentences reflected consideration of the seriousness and context of the offense and the characteristics of the victims and the offenders. The primary focus of the judges was to stop future sexual offenses by (a) addressing what they believed to be the cause of the behavior and (b) by persuading the offenders to comply with the social norms. Finally, the authors concluded that this study confirms other studies; that is, most youth courts in Western nations (with the possible exception of the United States) continue to focus on rehabilitation rather than punitive action for juvenile sexual offenders.

Bouhours, B., & Daly, K. (2007). Youth offenders in court: An analysis of judicial sentencing remarks. *Punishment & Society*, 9(4), 371-394.

A Treatment Model for Juvenile Male Offenders

This article described a treatment program developed by the author and a treatment agency to treat juvenile sex offenders in residential treatment settings. While the author did not indicate that the model itself had been tested, she asserted that it is a “research-based treatment program” that integrates theory, national standards, and prior research conducted by other scholars to address factors related to juvenile sexual offending behaviors. She combined the 12 recommended treatment components of juvenile sex offender treatment programs outlined in 1993, by the National Task Force on Juvenile Sex Offending (NTFJSO), with cognitive-behavioral theory to create 7 sequential modules of treatment. The article described each module’s purpose, activities used, youth’s tasks and challenges, and counselor’s tasks and tools.

Activities in the first treatment module, Disclosure of the Committing Offense and Taking Responsibility for Actions, reflect the first steps in helping the youth take responsibility for the offense and for rehabilitation. Cognitive Autobiography explores the youth’s developmental process and identifies significant issues and events. This treatment module is followed by Affective Autobiography and Trauma History, which explores the affective components of development, including attachment, significant relationships, and trauma. The fourth treatment module is History of Delinquency, Sexuality, and Substance Abuse. This module examines the causes of each treatment issue and how it interrelates. The counselor examines the youth’s sexual development and explores the causes of sexual offending.

The Offense Cycle is the core of the treatment program. It bridges past treatment work and historical factors with a plan for successfully moving into the future. It is based on the premise that sexual offending behaviors occur in a systematic way and progress through several steps and decisions along a continuum. It “focuses on the identification of thinking errors that lead to and support continuation of sexual offending behaviors, increased understanding of the role of sexual arousal in sexual offending, management of addictive qualities, identification and interruption of the offense cycle, and the development of internal mastery and control” (p. 138).

Treatment module six, Empathy and Restorative Justice, depends on the affective work already completed by youth. The module first seeks to help youth continue the journey of controlling personal behaviors by linking offensive behaviors with feelings, and second, it focuses on developing and implementing a restorative justice plan. The final treatment module, Relapse Prevention and Reintegration, reflects on the addictive nature of sexual offending behaviors and stresses the continuous process of recovery and helps youth develop a plan to cope after treatment.

Calley, N. G. (2007). Integrating theory and research: The development of a research-based treatment program for juvenile male sex offenders. *Journal of Counseling & Development, 85*(2), 131-142.

Comparing Treatment Needs of Juvenile Sexual Offenders and Nonsexual Offenders

Extremely limited controlled or comparative studies exist that examine characteristics of juvenile sexual offenders. Yet when youth are arrested for sexual offenses, they usually receive specialized treatment services based on assumptions that their psychosocial characteristics somehow differ from other juvenile offenders. This study intended to fill research gaps by implementing a rigorous comparative study to examine characteristics and contextual social relationships between multiple groups of offending and nonoffending juveniles.

Participants in the study included 115 males, ages 10 to 17, and their parents. Youth participants were divided into five equal-sized groups: sexual offenders with peer or adult victims (PS), sexual offenders with child victims (CS), violent nonsexual offenders (VN), nonviolent nonsexual offenders (NN), and nondelinquent youths (ND). All the offender youth were drawn from a sample of 599 adjudicated delinquent youth involved in the Missouri Delinquency Project. The ND youth were drawn from the same community as the offenders but had no arrest records or history of inpatient psychiatric treatment. A specified set of criteria was used to match youth across groups. No differences were found between groups on background variables except that ND youth had no history of being abused. Youth and their parents completed a battery of self-report instruments and behavior rating inventories and participated in a video-taped interaction task. Randomly selected teachers of the youth completed a rating measure on their students. Using planned group comparisons, the researchers compared and analyzed individual adjustment, family and peer relations, and academic performance for youth across groups.

The results indicated that juvenile sexual offenders have similar problems to juvenile nonsexual offenders. Both groups of offenders exhibited more family- and peer-relational problems, lower bonding to family and schools, and higher involvement with deviant peers compared with nondelinquent youth. Offender groups also had similar patterns of criminal behavior. The authors concluded that the results of this study suggest the need to move beyond specialized treatment for juvenile sexual offenders and include a focus on the multiple factors associated with sexual offending. That is, treatment should address behavior problems, family and peer relations, and academic performance.

Ronis, S. T., & Borduin, C. M. (2007). Individual, family, peer, and academic characteristics of male juvenile sexual offenders. *Journal of Abnormal Psychology, 116*(2), 153-163.

Nonfatal Maltreatment of Infants

(Vincent J. Palusci, MD, MS, 4/9/2008)

A recent review of substantiated child maltreatment reports among infants in the National Child Abuse and Neglect Data System (NCANDS) was recently released by the U.S. Centers for Disease Control and Prevention concurrent with the release of *Child Maltreatment 2006* during Child Abuse Prevention Month. While other studies using NCANDS have looked at infants (Palusci, Smith, & Paneth, 2005), this report is described as the first published national analysis of substantiated nonfatal maltreatment of infants using NCANDS data. A total of 91,278 infants were identified as victims at a rate of 23.2 children per 1,000 population aged <1 year. These rates appear to be similar to data published for Canada. Neglect was the most common form of maltreatment (68.5%) followed by physical abuse (13.2%). NCANDS is a national data collection and analysis system created in response to the Child Abuse Prevention and Treatment Act, and data has been collected since 1993. The National Data Archive on Child Abuse and Neglect collects the data from U.S. states under supervision from the U.S. Administration for Children and Families. Although NCANDS contains information from almost all U.S. states, the data are affected by lack of more detailed information about maltreatment circumstances and variability across U.S. states in reporting and data collection practices.

The report notes that during the first year of life, there was a concentration of neglect among children in the first few days of life with a preponderance of reports from medical professionals. Many of these reports appear to be related to the time of birth, but further research was suggested regarding potential linkages to maternal or neonatal drug exposure and the best strategies for prevention. In an accompanying commentary, the authors recommended efforts to reduce shaken baby syndrome (SBS) and abusive head trauma through in-hospital programs aimed at parents of newborns. The CDC is also supporting research to evaluate replicability of these programs in diverse settings. In addition, home visitation and parent-training programs, particularly beginning during pregnancy with social support and teaching parents about developmentally appropriate infant behavior and age-appropriate disciplinary communication skills, were also recommended.

Brodowski, M. L., Nolan, C. M., Gaudiosi, J. A., Yuan, Y. Y., Ortiz, M. A., Aveni, M. M., Leeb, R. T., & Hammond, W. R. (2008). Nonfatal maltreatment of infants: United States, October, 2005–September 2006. *Mortality and Morbidity Weekly, 51*(13), 336-339.

Notes to this article:

Palusci, V. J., Smith, E. G., & Paneth, N. (2005). Predicting and responding to physical abuse in young children using NCANDS. *Children and Youth Services Review, 27*, 667-682.

MMWR: www.cdc.gov/mmwr/preview/mmhtml/mm5713a2.htm

Child Maltreatment 2006: <http://www.acf.dhhs.gov/programs/cb/pubs/cn06/index.htm>

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