



Committee for Public Counsel Services  
**Youth Advocacy Department**

**Annotated Bibliography: What the Literature Says About Juvenile Sex Offenders**

The following articles, factsheets, and studies have been compiled to assist attorneys and individuals working on behalf of youth charged with sexual offending. The information contained in these resources aim to help others realize the fundamental differences between adult sex offenders and juvenile sex offenders, which include positive responses of juveniles to treatment, low recidivism rates of juveniles and negative impact of registries on youth development. It is our hope that this information will be used to improve legal outcomes for juvenile sex offenders, and uphold the purpose of the juvenile justice system as a rehabilitative, not punitive, system.

PUBLICATIONS BY TOPIC

**Recidivism Rates/Amenability to Treatment**

Judith V. Becker, *What We Know About the Characteristics and Treatment of Adolescents Who have Committed Sexual Offenses*, 3 CHILD MALTREATMENT 317, (1998).

The author states that **comprehensive data does not exist to support the notion that if adolescents commit one sexual offense, they will go on to develop a pattern of sexual-offending behaviors or develop a psychosocial disorder.**

Michael F. Caldwell et al., *An Examination of the Sex Offender Registration and Notification Act as Applied to Juveniles: Evaluating the Ability to Predict Sexual Recidivism*, 14 PSYCHOLOGY, PUBLIC POLICY AND LAW 89, (2008).

This study compared 91 juvenile males who had been treated in a secure correctional treatment program for being adjudicated for a sexual felony offense with 174 juvenile males in the same program, who had no history of sexual offending. Participants were followed for an average of 71.6 months after release from custody.

**The rate of new felony sexual offense charges for the juvenile sex offenders (12.1%) was not significantly different from that of the non-sex offending juveniles (11.6%).**

John A. Hunter, *Understanding Juvenile Sexual Offender Behavior: Emerging Research Treatment and Management Practices*, CENTER FOR SEX OFFENDER MANAGEMENT, (U.S. Department of Justice, Silver Spring, MD), December 1999.

This article discusses the risk factors for juveniles to engage in sexually offending behavior. Such risk factors include: physical and sexual abuse, aggressive role models, substance abuse, exposure to pornography, and difficulties with impulse control. Although research shows that 20 to 50% of juveniles who were physically or sexually abused themselves go on to sexually offend, the percentage of recidivism is 7 to 13% after five years of specialized treatment.

John A. Hunter, Jr. & Aurelio José Figueredo, *Factors Associated with Treatment Compliance in a Population of Juvenile Sexual Offenders*, 11 SEXUAL ABUSE: A JOURNAL OF RESEARCH AND TREATMENT 49, (1999).

This study consisted of 204 male juvenile sex offenders that were referred to community-based treatment between 1991 and 1995. The purpose of the study was to identify variables regarding juvenile sex offender response to treatment. It was found that most youth who failed to complete treatment were those that were noncompliant with the therapeutic requirements rather than those that recidivated. Additionally the attitudes of the juvenile sex offenders, specifically openness and accountability, proved to be the best predictors of positive treatment outcome. The study encourages future research exploring attitudes towards treatment in order to maximize positive treatment outcomes.

Michael H. Miner, *The Fallacy of Juvenile Sex Offender Risk*, 6 CRIMINOLOGY & PUBLIC POLICY 565, (2007).

This essay reviews some of the prominent studies of the last decade that focus on juvenile sexual offending. **The author finds that a juvenile who is involved in pro-social, educational activities and involved in the community has a greater chance of not committing another sexual offense.**

National Center on Sexual Behavior of Youth, *What Research Shows About Adolescent Sex Offenders*, NCSBY FACTSHEET NO. 1 (2003). <http://www.ncsby.org/pages/publications/What%20Research%20Shows%20About%20Adolescent%20Sex%20Offenders%20060404.pdf>

This factsheet reviews the research on juvenile sex offenders and the fact that juvenile sex offenders are significantly different than adult sex offenders in several ways. **Juvenile sex offenders are more responsive to treatment, have significantly lower rates of recidivism, and pose a manageable risk to the community that can be maintained under supervision or in outpatient treatment programs.**

Lucinda A. Rasmussen, *Factors Related to Recidivism Among Juvenile Sexual Offenders*, 11 SEXUAL ABUSE: A JOURNAL OF RESEARCH AND TREATMENT 69, (1999).

This recidivism study examined 170 youths (age 18 and younger) who were convicted in 1989 of one or more of 21 sexual offenses defined by the Utah Criminal Code Annotated. **The study suggests that first-time juvenile sex offenders have low recidivism rates when treated in community-based programs, as opposed to restrictive settings.** The findings of the study have important implications regarding factors that treatment programs should address.

Lorraine R. Reitzel & Joyce L. Carbonell, *The Effectiveness of Sex Offender Treatment for Juveniles as Measured by Recidivism: A Meta-analysis*. 18 SEXUAL ABUSE: A JOURNAL OF RESEARCH AND TREATMENT 401, (2006).

This is an analysis of nine published and non-published studies on the effectiveness of treatment of juvenile sex offenders. The aggregate recidivism rates were found as follows: sexual: 12.53%; non-sexual violent: 24.73%; non-sexual non-violent crimes: 28.51%; and unspecified non-sexual: 20.40%. These results are based on an average 59-month follow-up period.

Lisa C. Trivits & N. Dickon Reppucci, *Application of Megan's Laws to Juveniles*, 57 AMERICAN PSYCHOLOGIST 690, (2002).

This article reviews the literature regarding sex offender recidivism rates and emphasizes that **juvenile sex offenders have significantly lower recidivism rates than adult offenders. The article also discusses that public notification of JSOs may be physically and emotionally harmful to the juvenile, and may compromise his or her quality of education.**

Donna M. Vandiver, *A Prospective Analysis of Juvenile Male Sex Offenders: Characteristics of Recidivism Rates as Adults.*, 21 JOURNAL OF INTERPERSONAL VIOLENCE 673, (2006).

This research looked at a sample of 300 male sex offenders who were juveniles at the time of their original arrest for a sex crime, and found that the recidivism rates were very low when tracked after three to six years into adulthood.

Dennis Waite et al., *Juvenile Sex Offender Re-Arrest Rates for Sexual, Violent Nonsexual, and Property Crimes: A 10 Year Follow-Up*, 17 SEXUAL ABUSE: A JOURNAL OF RESEARCH AND TREATMENT 313, (2005).

The study found that rates of sexual offense recidivism for juvenile sex offenders are very low regardless of the treatment during incarceration. Additionally it was found that high impulsive/antisocial behaviors significantly increase the probability of recidivism.

Timothy E. Wind, *The Quandary of Megan's Law: When the Child Sex Offender is a Child*, 37 JOHN MARSHALL LAW REVIEW 73, (2003).

This article discusses **that juvenile sex offenders have lower recidivism rates and increased amenability to treatment than adult sex offenders**. Additionally, the article discusses how juvenile sexual fantasy is malleable and not predictive of a juvenile's permanent behavior and juveniles can learn effective interpersonal and social skills better than their adult counterparts.

Franklin E. Zimring et al., *Sexual Delinquency in Racine: Does Early Sex Offending Predict Later Sex Offending in Youth and Young Adulthood?*, 6 CRIMINOLOGY & PUBLIC POLICY 507, (2007).

This study examined three different birth cohorts in Racine, Wisconsin from birth into their 20s and 30s in order to examine the relationships between juvenile and adult sexual offending. The study found that only a fraction of those committed sex offenses as juveniles, thereby questioning state practices requiring juvenile sex offenders to register. The best predictor of adult sex offense is the frequency in which a juvenile commits a sexual offense. Only 8.5% of juvenile males who had contact with police for sexual behavior went on to have contact with police for sexual behavior as adults. Only 6.2% of juvenile males who had contact with police for a non-sex crime went on to commit a sexual offense as an adult.

### Registry Laws

Michael F. Caldwell, *Sex Offender Registration and Recidivism Risk in Juvenile Sexual Offenders*, 27 BEHAVIORAL SCIENCES AND THE LAW 941, (2009).

The present study used two risk assessment tools specific to juveniles: The Youth Level of Service/Case Management Inventory (YLS/CMI) and the Juvenile Sex offender Assessment Protocol – II (JSOAP-II) to evaluate the effectiveness of juvenile sex offender registration in significantly lowering the risk of recidivism. The study examined the records of 106 registered and 66 unregistered juvenile sex offenders. The results did not show that registration effectively lowers recidivism rates for juvenile sex offenders.

Included with the study, the article provides a solid background of the Sex Offender Registration and Notification Act (SORNA) and its intended purpose to reduce sexual violence. **The authors cite several studies that have demonstrated that registration of juvenile sex offenders does not lower recidivism rates. Additionally studies are highlighted that suggest that SORNA may in fact lead to increased recidivism due to the**

**fact that registration leads to many barriers to re-integration into the community.**

Mark Chaffin, *Report of the ATSA Task Force on Children with Sexual Behavior Problems*, 13 CHILD MALTREATMENT 199, (2008).

This report emphasizes that public registries for juvenile (or adult) sex offenders may not actually better protect the community that they were created to safeguard. The report also notes that most juvenile sex offender treatment plans (individual, group, and with families), public policies, and assessment tools developed for adults are inappropriate for juvenile sex offenders.

Robert E. Freeman-Longo, *Revisiting Megan's Law and Sex Offender Registration: Prevention or Problem*, AMERICAN PROBATION AND PAROLE ASSOCIATION, (2000).

The author puts forth, citing case examples, the negative impact and unintentional consequences of sex offender registration and notification laws. The article argues that the Jacob Wetterling Crimes Against Children and Sexually Violent Offender Registration Act and Meghan's Law are driven by emotion rather than logic and research. The negative impact of these laws include lack of support determining the efficacy of public notification, severe harassment, lack of funding to implement registry properly, and providing a false sense of security.

Maggie Jones, *How Can You Distinguish a Budding Pedophile From a Kid with Real Boundary Problems?* NEW YORK TIMES MAGAZINE, July 27, 2007.

This article provides a general overview of the main arguments against opposing sex offender registration for juveniles. Several of the researchers cited in this annotated bibliography as well as examples of stories of juvenile sex offender cases are quoted and referred to in order to highlight the negative ramifications of registration, the low recidivism rates of juveniles, and how adolescent brain development is related to risky behavior.

Justice Policy Institute, *The negative impact of registries on youth: Why are youth different from adults?*, (2008). [http://www.justicepolicy.org/images/upload/0808\\_FAC\\_SORNAKidsAreDifferent\\_JJ.pdf](http://www.justicepolicy.org/images/upload/0808_FAC_SORNAKidsAreDifferent_JJ.pdf)

**This factsheet presents reasons why the sex offender registry system should not apply to youth.** Citing scientific research, psychological studies and governmental reports, the factsheet asserts that the federal Sex Offender Registration and Notification Act (SORNA) undermines the purpose of the juvenile justice system as a rehabilitative, not punitive, system, and in fact puts youth at risk. The factsheet recognizes the research regarding adolescent brain development, that the brains of youth are still developing, and therefore youth are incapable of making decisions like adults are, and are amenable to effective treatment.

Justice Policy Institute, *Youth who commit sex offense: Fact and Fiction*, (2008). [http://www.justicepolicy.org/images/upload/08-08\\_FAC\\_SORNAFactFiction\\_JJ.pdf](http://www.justicepolicy.org/images/upload/08-08_FAC_SORNAFactFiction_JJ.pdf)

This factsheet discredits key misconceptions of juvenile sex offenders, such as all individuals, regardless of age, convicted of sex offenses should be treated the same and sex offender registries make the community safe, with recent research and statistics.

Suzanne Meiners-Levy, *Challenging the Prosecution of Young Sex Offenders: How Developmental Psychology and the Lessons of Roper Should Inform Daily Practice*, 79 TEMPLE LAW REVIEW 499, (2006).

The article posits that the laws governing juvenile sex offender contradict the developmental research about children and adolescents. The author cites adolescent brain research and studies that demonstrate the developmental differences between children and adults as well as research explaining that sexual exploration is an expected stage of development for children. The author suggests that advocates of children charged with sex crimes should consider the following: 1. Children under the age of consent, 14 years old, fall within the protected class of any "rape of a children" statute; 2. Children are ignorant about the law and should not be held to the same liability standard as adults; and 3. Due to the fact that not all juvenile sex offenders are prosecuted, advocates should explore the possibility of abuse of prosecutorial or police discretion.

Franklin E. Zimring, *AN AMERICAN TRAVESTY: LEGAL RESPONSES TO ADOLESCENT SEXUAL OFFENDING* (2004).

The book summarizes the legal history of juvenile sex offenders and critiques the legal system's ability to make appropriate decisions. The author, a legal scholar, questions current laws and suggests a "time-sensitive records sealing" as an alternative to registry which would allow a juvenile to keep prior delinquencies sealed unless a subsequent sexual offense occurred. The author points out that the majority of juvenile sex offenders are not diagnosable sexual deviants at any point prior to aging out of the juvenile system. "Recidivism in juvenile sex offenders is so much less of a statistical likelihood than non-differentiated delinquency that it is probably more predictive of pathology."

### **Treatment**

Association for the Treatment of Sexual Abusers, *The Effective Legal Management of Juvenile Sex Offenders* (Beaverton, Oregon: Association for the Treatment of Sexual Abusers), 2000. <http://www.atsa.com/ppjuvenile.html>

The Association for the Treatment of Sexual Abusers adopted five recommendations with regard to juvenile sex offenders: 1. Juvenile sex offenders should be put in community-based rehabilitation programs whenever possible because exposure to adult prisons can be harmful to a young person; 2. Placing juveniles on sex offender registries and other public notification lists should be reserved for only the most extreme cases. Public reaction to the registrant and the affect on the offender's family is hard to control and is likely to stigmatize those involved; 3. The juvenile courts and society as a whole should adhere to the longstanding emphasis on rehabilitation for juvenile offenders. Most juveniles who receive tailored evaluation and treatment do not recidivate; 4. The Board continues to support prevention efforts as a way to reduce risk factors of juvenile sex offending; and 5. The Board advocates for more research into the prevention, assessment, treatment and rehabilitation of juvenile sex offenders.

Kurt Bumby, *Understanding Treatment for Adults and Juveniles Who Have Committed Sex Offenses*, CENTER FOR SEX OFFENDER MANAGEMENT, 2006.

This brief provides an overview of the current research, literature and practice trends regarding sex offenders in order to understand significant issues about treatment for adult and juvenile sex offenders. The article posits that treatment models for juvenile sex offenders should not mirror adult sex offender treatment and instead treatment for juvenile sex offenders should be modified to ensure that it meets the developmental needs of youth. Aspects of juvenile sex offender treatment highlighted in this article include: sensitivity towards self-esteem, motivation, and confidence to make positive life changes, improving family functioning, increasing the youth's associations with peers.

Michael F. Caldwell, *Study Characteristics and Recidivism Base Rates in Juvenile Sex Offender Recidivism*, 20 INTERNATIONAL JOURNAL OF OFFENDER THERAPY AND COMPARATIVE CRIMINOLOGY, (2009).

Caldwell suggests that it is important to treat juvenile sex offender in “developmentally sensitive ways.” This includes pro-social bonds in the home and at school, as well as positive responses to social stressors. The findings reveal that short-term treatment and intervention of juvenile sex offenders may be more effective than longer-term treatment.

Nancy G. Calley, *Integrating Theory and Research: The Development of a Research-Based Treatment Program for Juvenile Male Sex Offenders*, 85 JOURNAL OF COUNSELING & DEVELOPMENT 131, (2007).

Acknowledging that juvenile sex offender treatment requires specialization, this article provides a research-based treatment model designed to address factors related to juvenile sexual offending. The treatment includes seven modules which are based on current research and theory of juvenile sex offending in combination with recommendations by the National Task Force on Juvenile Sexual Offending.

Elizabeth J. Letourneau, *Multisystemic Therapy for Juvenile Sexual Offenders: 1-year Results From a Randomized Effectiveness Trial*, 23 JOURNAL OF FAMILY PSYCHOLOGY 89, (2009).

This study compares a cohort of juvenile sex offenders who received multi-systemic therapy to a group of juvenile sex offenders who received “typical” services. The youth who received multi-systemic therapy greatly reduced their sexual behavior problems (including overall criminal behavior), as well as reduced drug use and the frequency of out-of-home placements. The study also found that family and community-based interventions met the clinical needs of the juvenile sex offenders.

Elizabeth J. Letourneau & Michael H. Miner, *Juvenile Sex Offenders: A Case Against Lethal and Clinical Status Quo*, 17 SEXUAL ABUSE: A JOURNAL OF RESEARCH AND TREATMENT 293, (2005).

This study examined three widespread assumptions that underlie current legal and clinical interventions with juvenile sex offenders: 1. there is an epidemic of juvenile sex offending; 2. juvenile sex offenders are different from other juvenile offenders; 3. juvenile sex offenders are at high risk of reoffending, and found that the beliefs are unsupported. The article argues the current legal intervention, based on these three assumptions, used with juvenile sex offenders, which include lengthy incarceration, incarceration with adult offenders, public registration, community notification and civil commitment result in adverse results when applied to most juveniles.

Additionally, the article found that many clinical interventions for juveniles focus on adult treatment such as deviant sexual arousal, cognitive distortions, substance use and anger management, which have been found unlikely predictors of juvenile sexual offending. While there have been recent attempts to modify treatment programs to reflect the development needs of juveniles, the authors have found that the majority of juvenile sex offender treatment continue to follow adult-oriented models. The article argues that instead of applying the same practices to adult and juvenile sex offenders, most juvenile sex offenders would benefit from the legal and clinical interventions that are applied to other juvenile delinquents.

Sue Righthand & Carlann Welch, *Juveniles Who Have Sexually Offended: A Review of the Professional Literature*. OFFICE OF JUVENILE JUSTICE AND DELINQUENCY PREVENTION, (2001).

The report reviews literature regarding juvenile sex offenders published in the 1990s. The report fo-

cuses on four specific topics regarding juvenile sex offenders: characteristics of juveniles who have committed sex offenses, types and classification, assessment and treatment. The report highlights that juvenile sex offenders have specific needs and therefore the importance of treatment tailored to the individual juvenile.

James R. Worling, *Essentials of a Good Intervention Program for Sexually Abusive Juveniles: Offense Related Treatment Tasks*, in *THE HANDBOOK OF CLINICAL INTERVENTION WITH YOUNG PEOPLE WHO SEXUALLY ABUSE* 275, (Gary O'Reilly et al. eds., 2004).

Worling advocates for cognitive, behavioral, and educational approaches to juvenile sex offender treatment. Treatment that addresses impulse control, lack of sexual knowledge, and has clear goals specific to sex offender treatment, will likely reduce the risk of both sexual and non-sexual re-offenses.

James R. Worling & Tracey Curwen, *Adolescent Sexual Offenders Recidivism: Success of Specialized Treatment and Implications for Risk Prediction*. 24 *CHILD ABUSE AND NEGLECT* 965, (2000).

This study examined the success of specialized adolescent sexual offender treatment by comparing recidivism rates between treated offenders and a comparison group. Additionally, this study examined the predictive utility of the variables assessed with respect to both sexual and nonsexual recidivism. Recidivism data were collected for 58 offenders participating in at least 12 months of a specialized treatment at the SAFE-T Program. Data were also collected for a comparison group of 90 adolescents who received only an assessment, refused treatment, or dropped out before 12 months were over. Follow-up interval ranged from two to ten years. Results suggest that specialized community-based treatment reduces juvenile sexual recidivism and additionally that the risk of further sexual aggression is related to factors that are unrelated to nonsexual offending.

James R. Worling et al., *20-Year Prospective Follow-Up study of Specialized Treatment for Adolescents Who Offended Sexually*. 28 *BEHAVIORAL SCIENCES AND THE LAW* 46, (2010).

This study is a ten year follow up to the above study by Worling & Curwen (2000) of the 58 adolescents who participated in at least ten months of specialized treatment at the SAFE-T Program and 90 adolescents in the comparison group. The study is particularly significant because the follow up period (20 years) greatly exceeds the average follow up period of other studies, which are four to five years. The results are consistent with the original study – specialized treatment for juvenile sex offenders added to significant reduction in both sexual and nonsexual.

### **Assessment Tools**

David Medoff, *Developmental Considerations in the Forensic Assessment of Adolescent Sexual Offenders*, 3 *THE FORENSIC EXAMINER* 26, (2004).

Medoff discusses the developmental differences between adolescents and adults as it applies to sex offending. He posits that the fact that juveniles are less socially mature and their cognitive and emotional capacities are not fully developed account for differences in evaluation and treatment of juvenile sex offenders. Medoff suggests that an explanation for the fact that juveniles re-offend at significantly lower rates than adults may be because adolescents are involved in a maturational process.

Additionally he comments that the risk assessment tools that have been created to measure or predict sexual re-offense are not designed for adolescents because the research behind the tools relies heavily on re-

cidivism; the fact that adolescents have low rates obstruct the analysis required. Due to this fact he suggests that clinical interviewing is necessary in assessing risk of juvenile sex offenders. Medoff suggests that because of the developmental status of juveniles, they may be more amenable to treatment.

Robert A. Prentky et al., *Assessing Risk of Sexually Abusive Behavior Among Youth in a Child Welfare Sample*, 28 BEHAVIORAL SCIENCE AND THE LAW 24, (2010).

The study describes the Juvenile Sex Offender Assessment Protocol-II (J-SOAP-II) that the authors developed, which is a checklist completed by an evaluator to aid in the systematic review of risk factors of sexual and criminal offending as outlined in the professional literature. The authors note that J-SOAP-II is not a predictive instrument upon which long-term decisions should be made; however the J-SOAP-II is helpful for making short-term case management decisions. The study implemented the J-SOAP-II on a sample of children in the Massachusetts child welfare system to analyze the predictive validity of the tool.

The study examined samples of pre-adolescent boys (age 11 or younger) and adolescents (age 12 or older) and found that the J-SOAP-II although developed for adolescents, also works with pre-adolescents in predicting sexual recidivism over seven years.

*The authors acknowledge that contrary findings regarding predictive accuracy of sexual recidivism have been found elsewhere. Additionally the authors note that the participants in their study, youth in the welfare system rather than the juvenile justice system, may affect the results. Recognizing the strengths and limitations of the J-SOAP-II, the authors argue that structured risk and need assessment protocols such as the J-SOAP-II are necessary to aid in providing quality clinical evaluations.*

Jodi L. Viljoen et al., *Assessing Risk for Violence in Adolescents Who Have Sexually Offended: A Comparison of the J-SOAP-II, SAVRY, and J-SORRAT-II*, 35 CRIMINAL JUSTICE AND BEHAVIOR 5, (2008).

The author discusses the ability of the three leading assessment tests used in forensic psychology to predict the recidivism rates of 169 male juvenile sex offenders who were admitted to residential sex offender programs. The study found that SAVRY and J-SOAP-II were very accurate in predicting violent, non-sexual behavior. However, the J-SOAP II and J-SORRAT-II, which were developed for predicting sexual violence, did not significantly predict sexual violence in the study.

James R. Worling, *The Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR): Preliminary Psychometric Data*, 16 SEXUAL ABUSE: A JOURNAL OF RESEARCH AND TREATMENT 235, (2004).

This article reviews the Estimate of Risk Adolescent Sexual Offenses Recidivism (ERASOR), which is a checklist designed to assist evaluators to estimate the short term risk of sexual reoffense for individuals aged 12-18. The article is based on statistical analysis and outlines the positive results as well as reservations regarding the tool. The degree of agreement among the rating clinicians, item-total correlation, internal consistency (whether the items that propose to measure risk produced similar scores) were found to be supportive of the ERASOR.

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