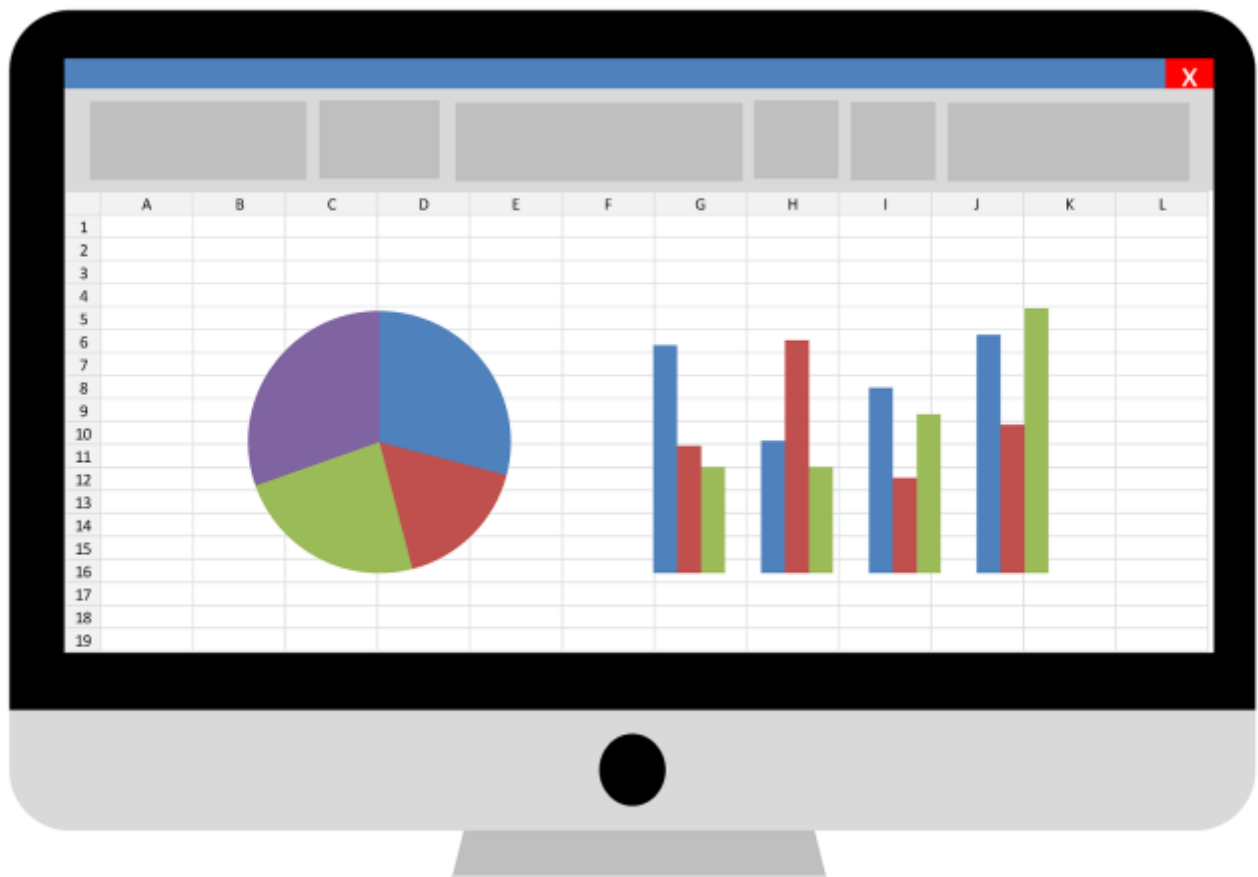




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# Outlining Juvenile Sex Offender Research



# Etiology and Typologies of Juveniles Who Have Committed Sexual Offenses

## Introduction

This Research Brief addresses the causes and origins of juvenile sexual offending and the pathways related to the development, onset, and maintenance of sexually abusive behavior in this population. It also addresses classification schemes or typologies for juveniles who commit sexual offenses based on types or categories of offenders or victims, and offense characteristics. Knowledge about the etiology of sexual offending is important because it provides both conceptual frameworks and specific guidance that can be used to develop more effective prevention efforts across a broad continuum, from primary to tertiary.<sup>1</sup> Empirically based typologies provide important information for clinical intervention by identifying key constructs for assessment, possible etiological factors specific to each subtype or typology of juveniles, and unique risks and needs for each subtype that should be targeted in treatment (Faniff & Kolko, 2012). Simply put, the information gained from etiology and typology research provides the foundation for designing and implementing more effective and efficient treatment programming and supervision protocols that reflect individualized risks and needs.

## Summary of Research Findings on Etiology

The research on etiological factors for sexual offending includes studies that focus on single factors and those that focus on multiple factors. There appears to be a consensus in the field that etiological factors typically both co-vary and

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interact with each other in the development and onset of sexual offending and nonsexual delinquency.

## Sexual Victimization

Strong evidence indicates that sexual victimization plays a disproportionate role in the development of sexually abusive behavior in adolescents. A number of studies have described a direct path from sexual victimization to sexually abusive behavior, and others have described an indirect path that is mediated by personality variables. For example, Veniziano, Veniziano, and LeGrand (2000) found that sexual offending of some adolescents represents a reenactment of their own sexual victimization or a reactive conditioned and/or learned behavior pattern. The results of their study supported the hypothesis that the juveniles who had been sexually victimized were more likely to select sexual behaviors that were reflective of their own sexual victimization with regard to age and gender of the victim and the types of sexual behaviors perpetrated against the victims. Grabell and Knight (2009) examined child sexual abuse patterns and sensitive periods in the lives of juveniles who had committed sexual offenses. They found that ages 3–7 may be a sensitive period during which sexual abuse can do the most damage and place a youth at higher risk for engaging in sexually abusive behavior later in life. Grabell and Knight concluded that both the age of the victim and the length of the sexual abuse contribute to attitudes and behaviors in juveniles who commit sexual offenses.

## Relationship Between Sexual Victimization and Personality Variables

Overall, the empirical evidence supports the notion that sexual abuse should not be examined in isolation, as it clearly co-varies with other developmental risk factors, including personality variables. Hunter and Figueredo (2000), for example, found that a younger age at the time of sexual victimization, a greater number of incidents, a longer period of waiting to report the abuse, and a lower level of perceived family support after revelation of the abuse were found to be predictive of subsequent sexual perpetration. Burton (2008) found that adolescent sexual abusers tend to have higher rates of sexual victimization than nonsexually abusive youth, and that sexually abusive youth who had been sexually victimized themselves were likely to repeat what was done to them in terms of the relationship with and gender of their victim(s), the modus operandi, and the

sexual behaviors. These results suggest that sexually abusive youth may have learned to be sexually abusive from their own sexual perpetrator(s). The personality traits that contributed significantly to the social learning model were “submissive” and “forceful.”

## Multiple Types of Child Maltreatment

Numerous studies have found that multiple types of child maltreatment may interact to influence sexually abusive behavior in juveniles. Cavanaugh, Pimenthal, and Prentky (2008), for example, studied a sample of 667 boys and 155 girls involved with social services, the vast majority of whom had engaged in hands-on sexualized behaviors. Almost all of the youth came from “highly dysfunctional” families and had experienced a high degree of physical, psychological, and sexual abuse as well as neglect. The researchers found that 66.7 percent of the study subjects had attention-deficit/hyperactivity disorder, 55.6 percent had posttraumatic stress disorder, and 49.9 percent had a mood disorder. Approximately one-quarter used drugs and about one-fifth consumed alcohol. These findings highlight the importance of assessing and treating co-occurring issues, which can often be influential in sexual offending behaviors.

Seto and Lalumière (2010) tested special and general explanations of male adolescent sexual offending by conducting a meta-analysis of 59 independent studies comparing male adolescents who committed sexual offenses with male adolescents who committed nonsexual offenses (N = 13,393). The results did not support the notion that adolescent sexual offending can be parsimoniously explained as a simple manifestation of general antisocial tendencies. Special explanations for adolescent sexual offending suggested a role for sexual abuse history, exposure to sexual violence, other abuse or neglect, social isolation, early exposure to sex or pornography, atypical sexual interests, anxiety, and low self-esteem. Leibowitz, Burton, and Howard (2012) found that delinquent youth in general had fewer behavioral and developmental problems than victimized and nonvictimized juveniles who committed sexual offenses.

## Relationship Between Multiple Types of Child Maltreatment and Personality Variables

Several studies have also documented the relationship between multiple types of child maltreatment and

personality variables. Knight and Sims-Knight (2004) studied 218 juveniles who were adjudicated for sexual offenses and found that early traumatic physical and sexual abuse play an important etiological role, increasing the likelihood of sexually abusive behavior either directly by themselves or indirectly through three intervening paths. The paths predicted sexual coercion of women among juveniles who have committed sexual offenses and who are characterized by three latent personality traits: sexual drive/preoccupation, antisocial behavior/impulsivity, and callous/unemotional trait. The researchers assert that these traits play a critical role across the life span, are critical in assessing the risk of recidivism, and should be targets of treatment.

Daversa and Knight (2007) focused on an etiological model for sexual offending behavior toward younger victims. Their research provides evidence that various developmental and early childhood maltreatment experiences and specific, mediating personality traits contribute significantly to predicting adolescent sexual offending against younger victims. Four significant paths emerged in the model (Daversa & Knight, 2007):

1. From emotional and physical abuse, through psychopathy and sexual fantasy, to child fantasy and child victimization.
2. From emotional and physical abuse; through sexual inadequacy, sexual fantasy, and child fantasy; to child victimization.
3. From emotional and physical abuse, through sexual inadequacy, to child fantasy and child victimization.
4. From sexual abuse directly to child victimization.

## Pornography

Although studies have found that pornography use by adult males at risk for aggression may result in sexually aggressive behavior, very little research has been reported on exposure to pornography on the part of juveniles who commit sexual abuse. Burton, Leibowitz, and Howard (2010) compared pornography exposure between male adolescents who sexually abuse and male nonsexual offending delinquent youth. They found that juveniles who had engaged in sexually abusive behavior reported more exposure to pornography when they were both younger and older than age 10 than nonsexual abusers. However, their exposure did not correlate with the age at which their sexually abusive behavior started, the reported number of victims, nor the severity

of the sexual offense. The researchers characterized this study as exploratory in nature and stated that no clear conclusions can be drawn regarding prohibitions or control of pornography for adolescents who sexually abuse and who are in treatment or on parole or probation.

## Typologies

Typology research undertaken to date has primarily differentiated subtypes of juveniles who have committed sexual offenses based on victim age, delinquent history, and personality characteristics. This section focuses on research as it relates to these dimensions.

### Subtypes Based on Victim Age

Research conducted by Hunter, Hazelwood, and Slesinger (2000) suggests that a meaningful differentiation can be made between youth who sexually offend against younger children (5 or more years younger) and those who target peers and adults. They found that adolescents who targeted peers and adults have greater antisocial tendencies and are more prone to violence in the commission of their sexual offenses than are adolescents who molest children. In a followup study, Hunter and colleagues (2003) contrasted adolescent males who committed sexual offenses against prepubescent children with those who targeted pubescent and postpubescent females. Juveniles who targeted prepubescent children had greater deficits in psychosocial functioning, used less aggression in their sexual offending, and were more likely to offend against relatives. Knight and Sims-Knight (2004) also found that juvenile rapists committed more violent offenses than offenders who victimized younger children and that they evidenced a higher frequency of borderline intellectual functioning. Findings by Daversa and Knight (2007, pp. 1326–1327), however, suggest that a subgroup of adolescent child molesters may be impulsive and aggressive in their offense planning, entertain sadistic fantasies, and demonstrate a high degree of sexual arousal toward young children.

Kemper and Kistner (2010) examined the relationship between victim-age-based subgroup membership and personal, criminal history, and offense history variables. Few associations were found between subgroup membership and measures of physical abuse, social skills, or impulsivity. Kemper and Kistner also argued that victim age is more likely a proxy for other pertinent

factors associated with sexual offending, including the physical and emotional development of the victim. They proposed that when information related to the victim is used in classification, the combination method of using both victim age and offender-victim age discrepancy is preferable. Similarly, Faniiff and Kolko (2012) concluded that it is not clear that the selection of a particular type of victim is indicative of unique risks and needs, suggesting that subtyping based on criminal history or personality measures may prove more meaningful.

### Subtypes Based on Delinquent History

Butler and Seto (2002) studied differences between adolescents who sexually offend who had only been charged with sex offenses and those who had ever been charged with a nonsexual offense as well. They found that those who committed only sexual offenses had significantly fewer childhood conduct problems, better current adjustment, more prosocial attitudes, and a lower risk for future delinquency than did the adolescents who committed nonsexual offenses. Butler and Seto concluded that adolescents who had committed sexual and nonsexual offenses are at a higher risk of general reoffending than are sex-offense-only adolescents and are more likely to benefit from treatment targeting general delinquency factors. Zakireh, Ronis, and Knight (2008) found that juveniles who have committed sexual offenses may share a number of common difficulties with general delinquents because many of these youth have similar patterns of criminal offending. Thus, sexual offending may be part of a broader pattern of serious antisocial behavior for a portion of the population of sexually offending juveniles. Miner and colleagues (2010) also found that youth who assault peers or adults are not substantially different from other delinquent youth on most of the measures.

### Subtypes Based on Victim Age and Delinquent History

Research conducted by Aebi and colleagues (2012) tested the validity of typing sexually abusive juveniles based on victim age, co-offender status, and crime history. Although some evidence was found for a typology that differentiates juveniles who offend against children from those who offend against adolescents and adults, the researchers suggest that—given the limited

validity and lack of independence found for the three types of sexually abusive juveniles they examined—a comprehensive typology based on victim age and delinquent history is not feasible.

### Subtypes Based on Victim Age and Personality Characteristics

Several studies have found that personality differences exist between adolescents who sexually offend against their peers and those who offend against younger children. Carpenter, Peed, and Eastman (1995), for example, found that adolescents who molested children are more schizoid, avoidant, and dependent than adolescents who offended against peers. They also frequently demonstrated a pattern of withdrawing from social encounters with peers and, as such, they commonly experienced loneliness and isolation. In discussing these findings, Carpenter and his colleagues (1995, p. 196) stated that these results “may help explain why adolescent sexual offenders against children gravitate to their victims.” Worling (2001) studied 112 males ages 12–19 who committed sexual offenses and found four personality-based subtypes: antisocial/impulsive youth, unusual/isolated youth, overcontrolled/reserved youth, and confident/aggressive youth. Significant differences were observed between the groups with regard to history of physical abuse, parental marital status, residence of the juveniles, and whether they received criminal charges for their index sexual assaults; however, membership in the subgroups was unrelated to victim characteristics. The juveniles in the two most pathological groups—antisocial/impulsive and unusual/isolated—were most likely to be charged with a subsequent violent (sexual or nonsexual) or nonviolent offense. Twice as many juveniles in the antisocial/impulsive group had a history of physical victimization compared with the other groups in the study. Worling asserted that his study results provided evidence for heterogeneity in the presence and nature of psychopathology, personality characteristics, and social functioning in adolescents who commit sexual offenses—as well as showing different etiological pathways and treatment needs. Finally, research conducted by Richardson and colleagues (2004) provides evidence of heterogeneity in both personality characteristics and psychopathology of adolescents who sexually abuse.

## Conclusions and Policy Implications

Although etiological and typological research focused on juveniles who sexually offend has produced mixed and far from definitive findings, it has provided important insights regarding the pathways to sexual offending, typological characteristics, and associated treatment targets. First and foremost, research has consistently demonstrated that juveniles who have committed sexual offenses are a heterogeneous population in terms of etiological pathways, offending patterns, delinquent history, personality characteristics and clinical presentation, and risk for sexual and nonsexual recidivism. The integration of findings from etiological and typological studies suggests differential risks and of treatment and supervision needs.

Empirical evidence concerning the prevalence of child maltreatment in early development offers support for continuing treatment of sexually abusive youth aimed at victimization and trauma resolution. Developmental models, which have included early childhood experiences and family functioning, should be broadened to include larger social variables such as exposure to sexually violent media and characteristics of social ecologies.

Although research has documented the heterogeneity and differential treatment and supervision needs in the juvenile offender population, policy responses tend to be designed with only the highest risk offenders in mind. Rather than using a one-size-fits-all approach, legislative initiatives should encourage risk assessments of all juvenile sexual offenders and only use aggressive strategies and intensive interventions with offenders who require the greatest level of supervision, treatment, and personal restriction.

### Note

1. Primary prevention approaches occur before sexual violence to stop initial victimization; tertiary prevention approaches occur after sexual victimization to address the consequences to the victim as well as the management of known sex offenders to minimize the possibility of reoffense (Association for the Treatment of Sexual Abusers, 2013).

# The Effectiveness of Treatment for Juveniles Who Sexually Offend

## Introduction

Given the prevalence of sexual offending by juveniles, therapeutic interventions for juveniles who sexually offend have become a staple of sex offender management practice in jurisdictions across the country. Indeed, the number of treatment programs for juveniles who commit sexual offenses has increased over the past 30 years, and the nature of treatment itself has changed as the developmental and behavioral differences between juvenile and adult sexual offenders have become better understood. Yet, despite the growth and widespread use of treatment with juveniles who sexually offend, uncertainty about the effectiveness of treatment in reducing recidivism is not uncommon. While inconsistent research findings and the fact that few high-quality studies of treatment effectiveness have been undertaken to date have contributed to the uncertainty, both the pattern of research findings and quality of the evidence have been changing in recent years.

This brief addresses the effectiveness of treatment for juveniles who sexually offend. It summarizes what is scientifically known about the topic and identifies policy implications, knowledge gaps, and unresolved controversies that emerge from the extant research and that might serve as a catalyst for future empirical study.

## Summary of Research Findings

The effectiveness of treatment for juveniles who sexually offend has been assessed in both individual studies and synthesis research. There is general agreement in the research community that, among individual studies, well-designed and -executed randomized controlled trials (RCTs) provide the

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most trustworthy evidence about an intervention's effectiveness;<sup>1</sup> however, findings from single studies must be replicated before definitive conclusions about the effectiveness of an intervention can be made.<sup>2</sup>

Synthesis studies, such as systematic reviews<sup>3</sup> and meta-analyses,<sup>4</sup> examine the findings from many individual studies and are undertaken to make conclusions about an intervention's effectiveness based on an entire body of relevant research. When systematic reviews and meta-analyses are done well, they arguably provide the most trustworthy evidence about an intervention's effectiveness.

## Findings From Single Studies

Several single studies examining the effectiveness of treatment programs for juveniles who sexually offend have been undertaken in recent years, and these studies have consistently found at least modest treatment effects on both sexual and nonsexual recidivism. Worling and Curwen (2000), for example, used a quasi-experimental design to examine the effectiveness of a specialized community-based treatment program that provided therapeutic services to adolescents and children with sexual behavior problems and their families. Although treatment plans were individually tailored for each offender and his or her family, cognitive-behavioral and relapse prevention strategies were used, and offenders typically were involved in concurrent group, individual, and family therapy.

Based on a 10-year followup period, Worling and Curwen (2000) found that the juveniles in the treatment group had significantly better outcomes than comparison group members on several measures of recidivism (see table 1).<sup>5</sup> In fact, for every measure of recidivism employed in the study, the treatment group had lower recidivism rates than comparison group members who either refused treatment, received an assessment only, or dropped out of the program prior to completing 12 months of treatment.

In 2010, Worling, Littlejohn, and Bookalam reported findings from a followup analysis that extended the followup period for the original sample of study subjects to 20 years. Study subjects were, on average, 31.5 years old at the end of the 20-year followup period. The analysis demonstrated that the positive treatment effects originally observed by Worling and Curwen (2000) using a 10-year followup period had persisted over a longer period of time. Based on a 20-year followup

period, adolescents who participated in treatment were significantly less likely than comparison group members to receive subsequent charges for sexual, nonsexual violent, nonviolent, or any crime. Moreover, the 20-year recidivism rates found by the researchers were only slightly higher than the recidivism rates found after 10 years of followup. In discussing their findings, Worling and colleagues (2010, p. 56) concluded:

The results of this investigation suggest that specialized treatment for adolescents who offend sexually leads to significant reductions in both sexual and nonsexual reoffending even up to 20 years following the initial assessment. . . . The results of this investigation also support the finding that only a minority of adolescents who offend sexually are likely to be charged for sexual crimes by their late 20s or early 30s . . . .

Positive effects have been found in studies of treatment delivered in correctional facilities as well as community-based settings. For example, Waite and colleagues (2005) found that treatment reduced both general and nonsexual violent recidivism among a sample of juveniles who had been incarcerated for sexual offenses, and Seabloom and colleagues (2003) found that treatment reduced sexual recidivism in a study of community-based treatment that employed an average followup period of about 18 years.

Although none of the studies referenced above randomly assigned subjects to treatment and control conditions, a series of studies focusing on the use of multisystemic therapy (MST) with juveniles who sexually offend have employed an experimental—or RCT—design. Borduin, Schaeffer, and Heiblum (2009), for example, examined the efficacy of MST with juveniles who sexually offend using a followup period of 8.9 years<sup>6</sup> and found an 8 percent sexual recidivism rate for MST-treated subjects compared to 46 percent for the comparison group subjects. The nonsexual recidivism rate was 29 percent for MST-treated adolescents compared to 58 percent for comparison group subjects.

## Findings From Synthesis Research

One of the most frequently cited studies of the effectiveness of juvenile treatment was conducted by Reitzel and Carbonell (2006). Their meta-analysis included nine studies and a combined sample of 2,986 juvenile subjects, making it one of the largest studies of treatment effectiveness for juveniles who sexually offend



**TABLE 1. TREATMENT AND COMPARISON GROUP 10-YEAR AND 20-YEAR RECIDIVISM RATES FOR A NEW SEXUAL CHARGE, NONSEXUAL VIOLENT CHARGE, AND ANY CHARGE**

Recidivism Measure	10-Year Recidivism Rate		20-Year Recidivism Rate	
	Treatment Group (n = 58)	Comparison Group (n = 90)	Treatment Group (n = 58)	Comparison Group (n = 90)
Sexual Charge	5%*	18%	9%*	21%
Nonsexual Violent Charge	19%*	32%	22%*	39%
Any Charge	35%**	54%	38%*	57%

\*  $p < .05$ .

\*\*  $p < .01$ .

Sources: Worling & Curwen (2000); Worling, Littlejohn, & Bookalam (2010).

undertaken to date. Based on an average followup period of nearly 5 years, the researchers found an average sexual recidivism rate of 7.37 percent for treated juveniles. By comparison, the average sexual recidivism rate for comparison group members was 18.93 percent. Further, the researchers reported that every study in the analysis yielded a positive treatment effect. Two of the four strongest treatment effects found in the meta-analysis were from studies of MST treatment.

Another meta-analysis that found positive treatment effects was conducted by Winokur and colleagues (2006). The analysis is important because it employed a protocol that assessed the methodological quality of potentially relevant research and excluded studies that did not reach a sufficient standard of scientific rigor. Overall, seven rigorous recidivism studies were included in the meta-analysis—one RCT and six studies that matched treatment and comparison subjects on relevant demographic and criminal history characteristics. Of the seven studies in the analysis, three examined treatment delivered in a community-based outpatient setting, three examined treatment delivered in a residential setting, and one examined treatment delivered in a correctional setting. In all seven studies, treatment involved some type of cognitive-behavioral approach. The average followup time across the seven studies was 6 years, and the researchers found that adolescents who completed sexual offender treatment had significantly lower recidivism rates than untreated adolescents. Positive treatment effects were found for sexual recidivism,<sup>7</sup> nonsexual violent recidivism,<sup>8</sup> nonsexual nonviolent recidivism,<sup>9</sup> and any recidivism.<sup>10</sup>

Other meta-analyses by Walker and colleagues (2004), St. Amand, Bard, and Silovsky (2008), and Drake, Aos, and

Miller (2009) have also found positive treatment effects. For example, in their meta-analysis of five rigorous studies, Drake and colleagues (2009) found that sex offender treatment programs for juveniles reduced recidivism, on average, by 9.7 percent. In addition, the treatment programs in their analysis produced a net return on investment of more than \$23,000 per program participant, or about \$1.70 in benefits per participant for every \$1 spent.

## Limitations and Research Needs

Although the knowledge base regarding the effectiveness of treatment for juveniles who sexually offend has greatly improved, there is an acute need for more high-quality studies on treatment effectiveness.

To date, relatively few studies assessing juvenile treatment have employed an experimental design or a matched comparison group, and both well-designed and -executed RCTs and highly rigorous quasi-experiments are sorely needed. Propensity score matching and other advanced techniques for controlling bias and achieving equivalence between treatment and comparison subjects can help enhance the credibility of evidence produced through quasi-experiments. Future research should also attempt to build a stronger evidence base on the types of treatments that work. Several studies using an RCT design have demonstrated the effectiveness of MST with juveniles who commit sexual offenses, but these studies have been conducted by program developers and are based on samples that are relatively small. Independent evaluations that employ larger samples should be undertaken to further establish the effectiveness and transportability of MST with juveniles who sexually offend.

Empirical evidence that specifies which types of treatment work or do not work, for whom, and in which situations, is important for both policy and practice. The need for high-quality studies that help identify offender- and situation-specific treatment approaches that work was acknowledged by the national experts who participated in the 2012 SOMAPI forum. Trustworthy evidence on the treatment modalities and elements that are effective with juveniles who have committed sexual offenses was also identified as a pressing need.

## Summary and Conclusions

This review examines the recent evidence on the effectiveness of treatment for juveniles who commit sexual offenses. Although there is widespread agreement among researchers that the knowledge base is far from complete, the weight of evidence from both individual studies and synthesis research conducted during the past 10 years suggests that therapeutic interventions for juveniles who sexually offend can and do work. Rigorous studies have demonstrated the efficacy of MST in reducing the recidivism of juveniles who commit sexual offenses, and recent research on other treatment approaches has also produced positive results. Worling, Littlejohn, and Bookalam (2010) found that the juveniles who participated in a community-based treatment program had significantly better outcomes than comparison group members on several measures of recidivism. Waite and colleagues (2005) found that incarcerated juveniles who received intensive treatment in a correctional facility had better recidivism outcomes than incarcerated juveniles who received less intensive treatment. Also, meta-analyses conducted by Reitzel and Carbonell (2006), Winokur and colleagues (2006), and Drake, Aos, and Miller (2009) all found positive treatment effects. Although it is difficult to isolate treatment effects and identify the specific treatment approaches that are most effective, interventions that address multiple spheres of juveniles' lives and that incorporate cognitive-behavioral techniques along with group therapy and family therapy appear to be the most promising.

Juveniles who sexually offend are diverse in their offending behaviors and are a future public safety risk. In fact, they have more in common with other juvenile delinquents than they do with adult sexual offenders. Research is demonstrating that there are

important developmental, motivational, and behavioral differences between juvenile and adult sexual offenders and also that juveniles who commit sexual offenses are influenced by multiple ecological systems (Letourneau & Borduin, 2008). Hence, therapeutic interventions that are designed specifically for adolescents and children with sexual behavior problems are clearly needed. Moreover, treatment approaches that are developmentally appropriate; that take motivational and behavioral diversity into account; and that focus on family, peer, and other contextual correlates of sexually abusive behavior in youth—rather than focusing on individual psychological deficits alone—are likely to be most effective. In addition, there is an emerging body of evidence suggesting that the delivery of therapeutic services in natural environments enhances treatment effectiveness (Letourneau & Borduin, 2008) and that the enhancement of behavior management skills in parents may be far more important in the treatment of sexually abusive behaviors in children than traditional clinical approaches (St. Amand, Bard, & Silovsky, 2008).

# Recidivism of Juveniles Who Commit Sexual Offenses

## Introduction

Juveniles who commit sexual offenses have come under increasing scrutiny from the public and policymakers over the past 25 years. Previously, this population was not seen as a significant public safety threat and was instead viewed with a “boys will be boys” attitude. However, in a series of studies conducted in the late 1970s and early 1980s that featured retrospective sexual history interviews with adult sexual offenders, many adults reported that they began their sexual offending during adolescence (see, for example, Groth, 1977; Groth, Longo, & McFadin, 1982; Longo & Groth, 1983; Marshall, Barbaree, & Eccles, 1991). These findings led practitioners and policymakers to focus more attention on juveniles who commit sexual offenses as a way to prevent adult sexual offending. Since the 1980s, a significant body of knowledge specific to juveniles who commit sexual offenses has been developed, particularly in relation to the characteristics of these youth and their propensity to reoffend. To accomplish this, researchers employed methodologies very different from those that retrospectively examined the offending history of adult sex offenders. These methodologies enabled researchers to better understand the experiences, characteristics, and behaviors of juveniles who commit sexual offenses, including rates and patterns of recidivism.

This Research Brief addresses recidivism of juveniles who commit sexual offenses. It summarizes what is scientifically known about the topic and identifies policy implications, knowledge gaps, and unresolved controversies that emerge from the extant research and that might serve as a catalyst for future empirical study.

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A national inventory of sex offender management professionals also was conducted in 2011 to gain insight about promising practices and pressing needs in the field. Finally, a Discussion Forum involving national experts was held in 2012 for the purpose of reviewing the research summaries and inventory results and refining what is currently known about sex offender management.

Based on the work carried out under SOMAPI, the SMART Office has published a series of Research Briefs, each focusing on a topic covered in the sexual offending and sex offender management literature review. Each brief is designed to get key findings from the literature review into the hands of policymakers and practitioners. Overall, the briefs are intended to advance the ongoing dialogue related to effective interventions for sexual offenders and provide policymakers and practitioners with trustworthy, up-to-date information they can use to identify what works to combat sexual offending and prevent sexual victimization.

## Summary of Research Findings

### Prospective National Youth Sample That Included Juveniles Who Commit Sexual Offenses

The National Youth Survey is an ongoing longitudinal study that began in 1976. The study has followed over time a nationally representative sample of 1,725 youth who were ages 11 to 17 in 1976, surveying them about their behaviors, attitudes, and beliefs regarding a variety of topics, including violence and offending. In the 1992 survey wave (the latest for which relevant sexual offending data were collected), 6 percent of the sample reported having committed a **sexual assault**, which was defined as youth who reported one sexual assault during the first three waves of data collection, and 2 percent of the sample reported having committed a **serious sexual assault**, which was defined as youth who reported two or more sexual assaults during the same time frame. In addition, 70 percent of those acknowledging a sexual offense reported the onset to have been prior to age 18. In terms of recidivism, 58 percent of those youth committing a sexual assault reported committing a subsequent sexual assault. Of the serious sexual assaulters, 78 percent reported committing another serious sexual assault. Finally, in terms of adult sexual assaults, 10 percent of those who committed a sexual assault as a juvenile also committed an adult sexual offense, and 17 percent of those who committed a serious sexual assault as a juvenile also committed an adult sexual offense (Grotpetter & Elliott, 2002).

### Large-Scale Systematic Reviews, Including Meta-Analyses

The first meta-analysis synthesized findings from 79 studies between 1943 and 1996. The average sexual recidivism rate for juveniles who had committed sexual offenses was 5 percent for those studies with 1 year of follow-up, 22 percent for those studies with 3 years of follow-up, and 7 percent for those studies with 5 or more years of follow-up (Alexander, 1999).

A second meta-analysis involved 9 studies and 2,986 juveniles who had committed a sexual offense. Based on an average follow-up period of 59 months, the study found a sexual recidivism rate of 13 percent, a nonsexual violent recidivism rate of 25 percent, and a nonsexual

and nonviolent recidivism rate of 29 percent for study subjects (Reitzel & Carbonell, 2006).

The third meta-analysis reviewed 63 studies and a combined sample of 11,219 juveniles who committed sexual offenses. Recidivism was measured over a mean followup period of 59 months. The study found a weighted mean sexual recidivism rate of 7 percent and a weighted mean general recidivism rate of 43 percent for study subjects (Caldwell, 2010).

### Single Studies

A number of single studies have examined the recidivism rates of juveniles who have committed a sexual offense. These studies have focused on offender populations from a variety of intervention settings. For example, in some studies the subjects have been released from a correctional institution or residential placement and, in others the subjects have been on community supervision. Since these variations in settings may reflect different levels of risk for recidivism among study subjects, this review reports findings from studies focused on juveniles released from an institutional placement separately from those derived from studies focused on juveniles released from a community-based setting. Rather than presenting findings and study characteristics in narrative form, tables are used to summarize key features of each study's sample and to present sexual and general recidivism rate findings.

In table 1, note that the reported rates of recidivism for juveniles released from a correctional or residential setting varied considerably across studies. Sexual recidivism rates ranged from a low of 0 percent after 1 year of followup to a high of 41 percent after 5 years of followup, whereas general recidivism rates ranged from 23 percent after 3 years of followup to 77 percent after 5 years of followup.

Again, in table 2, the reported rates of recidivism vary across studies. Sexual recidivism rates for the juveniles released from a community-based setting ranged from a low of 1 percent after 18 months of followup to a high of 25 percent after 7 years of followup, whereas general recidivism rates ranged from a low of 7 percent after 1 year of followup to a high of 79 percent after 7 years of followup. These reported rates of recidivism do not vary greatly from the rates of recidivism found for those juveniles released from correctional and residential settings.

**TABLE 1: SINGLE STUDIES OF RECIDIVISM RATES FOR JUVENILES WHO COMMIT SEXUAL OFFENSES AND WERE RELEASED FROM CORRECTIONAL OR RESIDENTIAL SETTINGS**

Author(s)	Sample Size and Gender	Year(s) of Release or Offense	Followup Period	Sexual Recidivism Percent	General Recidivism Percent
Schram, Milloy, & Rowe (1991)	N = 197 M	1984	5 years	12%	51%
Milloy (2006)	N = 21 M	1990–2003	As of Dec. 2005	38	71
Waite et al. (2005)	N = 256	1992–1998	5 years	5	53
Miner (2002)	N = 86 M	1993–1995	4 years	8	47
Barnoski (2008)	N = 319 (305 M, 14 F)	1995–2002	5 years	9	60
Rodriguez-Labarca & O'Connell (2007)	N = 22	2001	5 years	41	77
Garner (2007)	N = 104 (103 M, 1 F)	2004	3 years	2	23
MDJS (2007)	N = 110	2001	1 year	0	38

M = male juveniles; F = female juveniles.  
MDJS = Maryland Department of Juvenile Services.

**TABLE 2: SINGLE STUDIES OF RECIDIVISM RATES FOR JUVENILES WHO COMMIT SEXUAL OFFENSES AND WERE RELEASED FROM COMMUNITY-BASED SETTINGS**

Authors	Sample Size and Gender	Followup Period	Sexual Recidivism Percent	General Recidivism Percent
Gretton et al. (2001)	N = 220 M	55 months	15%	51%
Lab, Shields, & Schondel (1993)	N = 155 M	Unknown	3	19
Prentky et al. (2000)	N = 75	1 year	4	7
Rasmussen (1999)	N = 170 (167 M, 3 F)	5 years	14	54
Seabloom et al. (2003)	N = 122 M	18 years	4	NA
Smith & Monastersky (1986)	N = 112 M	29 months	14	35
Vandiver (2006)	N = 300 M	3–6 years after age 18	4	53
Wiebush (1996)	N = 366	18–35 months	4	31–51
Barnoski (1997)	N = 266	18 months	1	17
Nisbet, Wilson, & Smallbone (2005)	N = 303 M	7 years	25	79
Langstrom & Grann (2000)	N = 46 (44 M, 2 F)	5 years	20	65
Rojas & Gretton (2007)	N = 359 M	10 years	12	53
Worling, Littlejohn, & Bookalam (2010)	N = 148 (139 M, 9 F)	16 years	16	NA

M = Male juveniles; F = Female juveniles. NA = Data not available.

**TABLE 3: SINGLE STUDIES OF RECIDIVISM RATES FOR JUVENILES WHO COMMIT RAPE AND/OR CHILD MOLESTATION OFFENSES**

Authors	Sample Size (Males)	Followup Period	Recidivism of Juvenile Sexual Offenders		Recidivism of Juvenile General Offenders	
			Against Younger Children	Against Peers/Adults	Against Younger Children	Against Peers/Adults
Aebi et al. (2012)	N = 223	4.3 years	5.60%	1.50%	32.60%	45.5%
Faniff & Kolko (2012)	N = 176	1 & 2 years	0	3.33	7.94	30.0
Hagan & Cho (1996)	N = 100	2–5 years	8	10	38	54
Hagan & Gust-Brey (1999)	N = 50	10 years	NA	16	NA	90
Hagan et al. (2001)	N = 150	8 years	20	16	NA	NA
Kemper & Kistner (2007)	N = 296	5 years	8	1	41	46
Parks & Bard (2006)	N = 156	134 months	4	10	32	28

NA = Data not available.

**TABLE 4: SINGLE STUDY OF RECIDIVISM RATES FOR JUVENILES WHO COMMIT SEXUAL OFFENSES (SPECIALISTS) AND WHO COMMIT SEXUAL AND NONSEXUAL OFFENSES (GENERALISTS)**

Authors	Sample Size and Gender	Followup Period	Sexual Recidivism		General Recidivism	
			Specialists	Generalists	Specialists	Generalists
Chu & Thomas (2010)	156 males	57–68 months	10%	14%	24%	46%

Although it is difficult to base firm conclusions on these data, the relative similarity in observed recidivism rates found across different intervention settings indirectly suggests that (1) the risk levels of youth from different settings may not be appreciably different, and therefore (2) appropriate intervention placement based on assessed risk may not have been occurring at the time these studies were undertaken. Given the importance of reserving more intensive interventions and services for high-risk offenders, these hypotheses and their relevance for contemporary sex offender management practice arguably should be tested in a more direct and rigorous manner.

Although it is difficult to draw firm conclusions from the data in table 3, there does not appear to be a significant difference in the rate of either sexual or general recidivism between juveniles who commit sexual offenses against peer or adult victims and those who commit sexual offenses against child victims, based on the results of these studies.

In the Chu and Thomas (2010) study comparing specialists and generalists (see table 4), no significant difference in sexual recidivism was found between the two groups. However, generalists did have a significantly higher rate of general recidivism than specialists. In fact, their rates of both violent and nonviolent recidivism were also significantly higher than the rate for specialists.

On the other hand, comparisons involving juveniles who commit sexual offenses with those who commit nonsexual, general offenses produced mixed results (see table 5). Some studies found that juveniles who commit sexual offenses had significantly higher rates of sexual and general recidivism than their general-offending juvenile counterparts, and others did not. Given the inconsistent findings, it is difficult to draw conclusions about the propensity of one group to recidivate relative to the other.

**TABLE 5: SINGLE STUDIES OF RECIDIVISM RATES FOR JUVENILES WHO COMMIT SEXUAL OFFENSES AND WHO COMMIT NONSEXUAL (GENERAL) OFFENSES**

Authors	Sample Size and Gender	Followup Period	Juvenile Sexual Recidivism		Juvenile General Recidivism	
			Sexual Offenses	General Offenses	Sexual Offenses	General Offenses
Hagan et al. (2001)	150 males	8 years	18%	10%	NA	N/A
Brannon & Troyer (1991)	110 juveniles	33 months	2	0	32%	16%
Caldwell (2007)	2,029 males	5 years	7	6	74	80
Letourneau, Chapman, & Schoenwald (2008)	1,645 juveniles	4 years	2	3	NA	NA
Milloy 1994	256 males	3 years	0	1	44	58
Sipe, Jensen, & Everett (1998)	306 males	6 years	10	3	32	44
Zimring, Piquero, & Jennings (2007)	3,129 males	4–14 years after adulthood	9	6	NA	NA

## Research Limitations and Future Needs

Drawing sound conclusions about the recidivism rates of juveniles who commit sexual offenses can be difficult due to a number of factors. Because many sex offenses are never reported to law enforcement nor cleared by arrest, the observed recidivism rates of juveniles remain underestimates of actual reoffending. Measurement variation across studies, small sample sizes, short followup periods, and missing information about the characteristics of the sample studied and the interventions study subjects were exposed to, make it difficult to draw definitive conclusions from the available data.

## Conclusions and Policy Implications

Key conclusions that can be drawn from the empirical evidence are outlined below. First, the observed sexual recidivism rates of juveniles who commit sexual offenses range from about 7 to 13 percent after 59 months, depending on the study. Recidivism rates for juveniles who commit sexual offenses are generally lower than those observed for adult sexual offenders. For example, in a 2004 meta-analysis, Harris and Hanson found average sexual recidivism rates for adult offenders of 14 to 24 percent, depending on the followup period. Hence, recidivism data suggest that there may be fundamental differences between juveniles who commit sexual

offenses and adult sexual offenders, particularly in their propensity to sexually reoffend.

Second, a relatively small percentage of juveniles who commit a sexual offense will sexually reoffend as adults. The message for policymakers is that juveniles who commit sexual offenses are not the same as adult sexual offenders, and that all juveniles who commit a sexual offense do not go on to sexually offend later in life. As a result, juveniles who commit sexual offenses should not be labeled as sexual offenders for life, and sex offender management policies commonly used with adult sex offenders should not automatically be used with juveniles who commit sexual offenses.

Finally, juveniles who commit sexual offenses have higher rates of general recidivism than sexual recidivism. This suggests that juveniles who commit sexual offenses may have more in common with other juveniles who commit delinquent acts than with adult sexual offenders, so interventions need to account for the risk of general recidivism. Intervention efforts should be concerned with preventing both sexual recidivism and general recidivism.



“This course was developed from the public domain documents: Etiology and Typologies of Juveniles Who Have Committed Sexual Offenses, The Effectiveness of Treatment for Juveniles Who Sexually Offend, Recidivism of Juveniles Who Commit Sexual Offenses - National Criminal Justice Association, Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking (SMART), Office of Justice Programs, U.S. Department of Justice.”