

## Annotated Bibliography

July 3, 2019



*Number of articles: 56*

---

**Barra, S., Bessler, C., Landolt, M. A., & Aebi, M. (2017). Type and timing of maltreatment influence criminal persistence in sexually abusive adolescents. *Law and Human Behavior, 41*, 556-566.**

<https://doi.org/10.1037/lhb0000255>

**Abstract.** The development of sexuality is a major goal in the normative course of puberty. However, some adolescents start and maintain sexually coercive behaviors. Maltreatment appears as a contributing factor in juvenile criminal persistence, although its role regarding reoffenses in juveniles convicted of sexual offenses (JSOs) is unclear. We examined time-dependent associations of maltreatment categories and subtypes with criminal persistence in JSOs. Files of 278 male JSOs ( $M = 14.64$  years,  $SD = 1.58$  years) were analyzed for experiences of emotional abuse, physical abuse, sexual victimization, emotional neglect, and physical neglect. We found 3 subtypes reflecting severe maltreatment, neglectful experiences, and low maltreatment. Severe maltreatment proved to be a consistent predictor of nonsexual criminal persistence, whereas overall neglectful experiences were related to sexual criminal persistence. More specifically, physical neglect (including lack of parental supervision) appeared of major importance for criminal persistence. Results indicate that maltreatment is a contributing factor in criminal persistence in JSOs and emphasize the potential gain of applying family-oriented interventions to reduce criminal persistence in JSOs.

**Comment.** This article helps us to consider the long-term impact of different types of maltreatment and, from a developmental perspective, the timing when the maltreatment occurred. Long-term predictions of future sexual reoffending (i.e., past age 18) are not accurate, judgments about interventions and future risk should not be based solely on available risk-prediction tools, available risk-prediction tools are only moderately accurate, at best, and only for short follow-up periods, validity of risk-prediction tools is impacted by extraneous factors, such as adverse childhood events and severity of sexual offending

**Relevance to Adolescent Practice Guidelines.** Section C. Sexual Abuse as A Public Health Issue (Assessment and Intervention); Section E. Assessments of Adolescents Who Have Sexual Abused; Section F. Treatment Interventions

---

**Barra, S., Bessler, C., Landolt, M. A., & Aebi, M. (2018). Testing the validity of criminal risk assessment tools in sexually abusive youth. *Psychological Assessment*. Advance online publication.**

<https://doi.org/10.1037/pas0000590>

**Association for the Treatment of Sexual Abusers**

4900 SW Griffith Drive, Suite 274, Beaverton, Oregon 97005 USA  
Phone: 503.643.1023 | Fax: 503.643.5084 | [atsa@atsa.com](mailto:atsa@atsa.com) | [www.atsa.com](http://www.atsa.com)

**Abstract.** Although accurate risk appraisals are mandatory to provide effective treatment to juveniles who have sexually offended (JSOs), the current knowledge on the validity of risk assessment instruments for JSOs is inconclusive. We compared the predictive validities of the Juvenile Sex Offender Assessment Protocol II (J-SOAP II), the Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR), and the Violence Risk Appraisal Guide-Revised (VRAG-R) scores concerning sexual, nonsexual-violent, and general criminal recidivism (based on both official and nonregistered reoffenses) in a consecutive sample of 597 male JSOs (*M*<sub>age</sub> = 14.47 years, *SD*<sub>age</sub> = 1.57 years) while accounting for different recidivism periods, offense severities, and cumulative burden of adverse childhood experiences (ACEs). Receiver Operator Characteristic (ROC) curves and Cox regression analyses indicated that the tools allowed valid predictions of recidivism according to their intended purposes: The ERASOR was best suited to predict sexual recidivism within 0.5 and 3 years, the J-SOAP II was valid for predictions of sexual and nonsexual-violent recidivism within these recidivism periods, and the VRAG-R showed potential strengths in predicting nonsexual-violent recidivism, especially when committed above age 18. Elevated offense severity and burden of ACEs impeded predictive accuracies of the J-SOAP II and the VRAG-R, particularly in case of sexual recidivism. Our findings emphasize that risk assessment for JSOs must not rely solely on scores derived from risk assessment instruments, but a comprehensive consideration of a JSOs offense severity and psychosocial adversities is additionally necessary to approach accurate risk appraisals.

**Comment.** This article indicates that long-term predictions of future sexual reoffending for adolescents (i.e., past age 18) are often inaccurate and that judgments about interventions and future risk should not be based solely on available risk-prediction tools. The predictive validity of risk-prediction tools is also impacted by extraneous factors, such as adverse childhood events and severity of past sexual offending.

**Relevance to Adolescent Practice Guidelines.** Section E. Assessments of Adolescents Who Have Sexual Abused; Section F. Treatment Interventions

---

**Basile, K. C., Rostad, W. L., Leemis, R. W., Espelage, D. L., & Davis, J. P. (2018). Protective factors for sexual violence: Understanding how trajectories relate to perpetration in high school.** *Prevention Science*, Advance online publication. <https://doi.org/10.1007/s11121-018-0940-3>

**Abstract.** Adolescent sexual violence (SV) perpetration is a significant public health problem. Many risk factors for perpetration are known, but less is known about what protects youth from perpetration, or how protective factors change over time. This longitudinal study reports trajectories of four potential protective factors for SV perpetration (empathy, parental monitoring, social support, and school belonging) across middle and high school and examines their relationship to SV perpetration in high school. Findings reveal that youth who identified as SV perpetrators had significantly lower mean empathy scores ( $d = -0.18$ , 95%CI [-0.26, -0.10]) and social support scores ( $d = -0.05$ , 95%CI [-0.14, -0.03]) at the beginning of middle school than non-perpetrators. We also

found that youth who identified as SV perpetrators had a quicker deceleration in parental monitoring (slopes) and empathy from middle to high school, compared to non-perpetrators. Within-sex differences emerged; significant differences in slopes were detected for school belonging between male perpetrators and male non-perpetrators (Wald test = 3.76 (1),  $p = .05$ ) and between female perpetrators and female non-perpetrators (Wald test = 3.95(1),  $p = .04$ ). Significant differences in slopes for empathy between female perpetrators and female non-perpetrators (Wald test = 4.76(1),  $p = .03$ ) were also detected. No differences were found between male and female SV perpetrators for either empathy or school belonging. These findings have implications for the content and timing of adolescent SV prevention efforts. Intervention in adolescence, involving parents and schools in a comprehensive, multi-level approach, may be effective in preventing SV perpetration.

Comment. This study suggests that perpetrators of sexual violence in high school experience different trajectories of protective factors during middle and high school compared to those who do not perpetrate sexual violence in high school, and that non-SV youth experience higher levels of empathy and parental monitoring, and a stronger sense of school belonging and social support over time. It supports the idea that efforts to prevent sexual violence should begin during middle school, or earlier, and aim at building and strengthening sustained levels of protective factors, involving broad systems, including schools and parents in a comprehensive approach.

Relevance to Adolescent Practice Guidelines. Section D. Foundational Points; Section E. Assessments of Adolescents Who Have Sexual Abused; Section F. Treatment Interventions; Appendix. Special Populations: Adolescent Females

---

**Benekos, P. J., & Merlo, A. V. (2019). A decade of change: Roper v. Simmons, defending childhood, and juvenile justice policy. *Criminal Justice Policy Review*, 30, 102-127.**  
<https://doi.org/10.1177/0887403416648734>

Abstract. In the last decade, juvenile justice has emerged with more compassion and child-focused policies. During this time, crime decreased, successful strategies for prevention and intervention were identified, neuroscience examined the wiring of the adolescent brain, and the Attorney General established a federal mandate to recognize and respond to children exposed to violence. In this context, the authors identify two developments that contributed to the ongoing iterations of juvenile justice: Supreme Court decisions that restrict excessive juvenile punishments and policies that recognize the consequences of childhood trauma and the importance of relevant treatment. The Supreme Court rationale in *Roper v. Simmons*, *Graham v. Florida*, *Miller v. Alabama*, and *Montgomery v. Louisiana* was instrumental in underscoring that youth are different from adults and therefore require different sentencing. The second development was a broader understanding of the scope and consequences of childhood trauma that renewed support to identify and care for youth exposed to violence. The authors review the Court's rationale in moving policy away from harsh punishment and

retribution, the evidence-based support for trauma-informed treatment of youth, and the limits of Court decisions and policy changes in reforming juvenile justice.

Comment. The article provides a concise and contemporary overview of the U.S. juvenile justice system and recent legal developments that suggest the court increasingly recognizes and is responding in an evidence-informed and developmentally appropriate way to a trauma-informed model when it comes to juvenile justice. The articles asserts that states are rescinding some of the punitive legislation enacted during the '80s and '90s, reaffirming both the developmental immaturity of youth and the capacity of young people to change, and allowing judges greater discretion to individualize decisions regarding juvenile offenders.

Relevance to Adolescent Practice Guidelines. Section D. Foundational Points; Section J. Public Policy

---

**Berman, A.K. & Knight, R.A. (2015). The relation of familiarity with sexual abusers to subsequent developmental adaptation in youths who have sexually offended.** *Sexual Abuse: A Journal of Research and Treatment*, 27, 587-608. <https://doi.org/10.1177/1079063214544329>

Abstract. The present study explored the effects of child sexual abuse (CSA) on the adaptation of male juveniles who subsequently sexually offended (JSOs;  $n = 178$ ; age,  $M = 16.05$  years,  $SD = 0.27$ , range = 12-22). It examined multiple levels of interpersonal closeness between the perpetrators of sexual abuse and their JSO victims. JSOs who were sexually abused by older children or adults who cohabitated with them for at least 3 months reported higher levels of emotional dysregulation, callousness/manipulativeness, and sexualization than did both JSOs who were sexually abused by someone they had never lived with and JSOs who reported no experiences of sexual abuse. Implications of these findings are discussed.

Comment. This article provides information regarding the impact of a child abuse history on youth who have sexually offended. The authors found that the negative impact of the childhood sexual victimization experience for these youth was related to the level of interpersonal closeness between the youth and the person who abused them sexually.

Relevance to Adolescent Practice Guidelines. Section E. Assessments of Adolescents Who Have Sexual Abused; Section F. Treatment Interventions

---

**Blasingame, G. D. (2018). Risk assessment of adolescents with intellectual disabilities who exhibit sexual behavior problems or sexual offending behavior.** *Journal of Child Sexual Abuse*. Advance online publication. <https://doi.org/10.1080/10538712.2018.1452324>

Abstract. Adolescents with intellectual disabilities are known to engage in various sexual behavior problems or sexual offending behaviors. This article provides a review of important aspects of risk assessment within the context of a broader, more comprehensive and holistic assessment of these individuals. Pertinent risk and sexual interest assessment tools are identified along with their

strengths and limitations. Issues that are often unattended to are addressed, including consideration of the behavioral implications of the young person's diagnosis and level of cognitive functioning, need for sexual knowledge and sexual interest assessment, and issues related to making a mental health diagnosis. Recommendations for future research are also offered.

Comment. Useful in its focus of ID and how it should be considered in the context of completing assessments. There are so few of these articles for adolescents that it is worth considering

Relevance to Adolescent Practice Guidelines. Section E. Assessments of Adolescents Who Have Sexual Abused; Section G. Special Populations

---

**Boonmann, C., van Vugt, E. S., Jansen, L. M. C, Colin, O. F., Doreleijers, T. A. H., Stams, J. M., Vermeiren, R. J. M. (2015). Mental disorders in juveniles who sexually offended: A meta-analysis. *Aggression and Violent Behavior, 24*, 241–249. <https://doi.org/10.1016/j.avb.2015.06.003>**

Abstract. The purpose of this study was to establish the prevalence of mental disorders in juveniles who sexually offended (JSOs). A meta-analysis was performed based on studies reporting on the prevalence rates of mental disorders in JSOs. Furthermore, differences in mental disorders between JSOs and juveniles who offended non-sexually (non-JSOs) were assessed. In total, 21 studies reporting on mental disorders in 2951 JSOs and 18,688 non-JSOs were included. In the total group of JSOs, 69% met the criteria for at least one mental disorder; comorbidity was present in 44%. The most common externalizing and internalizing disorders were respectively conduct disorder (CD; 51%) and anxiety disorder (18%). Compared to non-JSOs, JSOs were less often diagnosed with a Disruptive Behavior Disorder (DBD, i.e., CD and/or Oppositional Deviant Disorder [ODD]), an Attention-Deficit/Hyperactivity Disorder (ADHD) and a Substance Use Disorder (SUD). No significant differences were found for internalizing disorders. In conclusion, although the prevalence of externalizing disorders is higher in non-JSOs, mental disorders are highly prevalent in JSOs. Even though results of the current meta-analysis may overestimate prevalence rates (e.g., due to publication bias), screening of JSOs should focus on mental disorders.

Comment. This meta-analysis provides information regarding the prevalence of mental disorders in youth who have sexually offended and reinforces the importance of screening youth for mental disorders.

Relevance to Adolescent Practice Guidelines. Section E. Assessments of Adolescents Who Have Sexual Abused; Section G. Treating Special Populations; Appendix I. Adolescents with Co-Occurring Mental Health Problems

---

**Bóthe, B., Tóth-Király, I., Potenza, M. N., Griffiths, M. D., Orosz, G., & Demetrovics, Z. (2018). Revisiting the role of impulsivity and compulsivity in problematic sexual behaviors. *The Journal of Sex Research*. Advance online publication. <https://doi.org/10.1080/00224499.2018.1480744>**

**Abstract.** Impulsivity and compulsivity are transdiagnostic features associated with clinically relevant aspects of psychiatric disorders, including addictions. However, little research has investigated how impulsivity and compulsivity relate to hypersexuality and problematic pornography use. Thus, the aims of the present study were to investigate (a) self-reported impulsivity and compulsivity with respect to hypersexuality and problematic pornography use and (b) the similarities and possible differences between hypersexuality and problematic pornography use in these domains. Utilizing structural equation modeling (SEM) in a large community sample (N = 13,778 participants; female = 4,151, 30.1%), results indicated that impulsivity ( $\beta = .28, \beta = .26$ ) and compulsivity ( $\beta = .23, \beta = .14$ ) were weakly related to problematic pornography use among men and women, respectively. Impulsivity had a stronger relationship ( $\beta = .41, \beta = .42$ ) with hypersexuality than did compulsivity ( $\beta = .21, \beta = .16$ ) among men and women, respectively. Consequently, impulsivity and compulsivity may not contribute as substantially to problematic pornography use as some scholars have proposed. On the other hand, impulsivity might have a more prominent role in hypersexuality than in problematic pornography use. Future research should examine further social and situational factors associated with problematic pornography use.

**Comment.** Not focused on adolescents but useful in how we are coming to understand the dynamics of what leads to problematic or compulsive use of pornography

**Relevance to Adolescent Practice Guidelines.** Section E. Assessments of Adolescents Who Have Sexual Abused; Section F. Treatment Interventions

---

**Busso, D. S., McLaughlin, K. A., & Sheridan, M. A. (2017). Dimensions of adversity, physiological reactivity, and externalizing psychopathology in adolescence: Deprivation and threat.**

*Psychosomatic Medicine, 79*, 162-171.

[https://journals.lww.com/psychosomaticmedicine/Citation/2017/02000/Dimensions\\_of\\_Adversity,\\_Physiological\\_Reactivity.6.aspx](https://journals.lww.com/psychosomaticmedicine/Citation/2017/02000/Dimensions_of_Adversity,_Physiological_Reactivity.6.aspx)

**Abstract.** Objective: Dysregulation of autonomic nervous system and hypothalamic-pituitary-adrenal (HPA) axis function is a putative intermediate phenotype linking childhood adversity (CA) with later psychopathology. However, associations of CAs with autonomic nervous system and HPA-axis function vary widely across studies. Here, we test a novel conceptual model discriminating between distinct forms of CA (deprivation and threat) and examine their independent associations with physiological reactivity and psychopathology.

**Methods.** Adolescents (N = 169; mean [SD] age 14.9 [1.4] years) with a range of interpersonal violence (e.g., maltreatment, community violence) and poverty exposure participated in the Trier Social Stress test (TSST). During the TSST, electrocardiogram, impedance cardiograph, salivary cortisol, and dehydroepiandrosterone-sulfate data were collected. We compared the associations of poverty (an indicator of deprivation) and interpersonal violence (an indicator of threat) on sympathetic,

parasympathetic, and HPA-axis reactivity to the TSST, and assessed whether these differences mediated the association of adversity with internalizing and externalizing symptoms.

Results. Exposure to poverty and interpersonal violence was associated with psychopathology. Interpersonal violence, adjusting for poverty, was associated with blunted sympathetic ( $b = 1.44$ ,  $p = .050$ ) and HPA-axis reactivity ( $b = -.09$ ;  $p = .021$ ). Blunted cortisol reactivity mediated the association of interpersonal violence with externalizing, but not internalizing, psychopathology. In contrast, poverty was not associated with physiological reactivity after adjusting for interpersonal violence.

Conclusions. We provide evidence for distinct neurobiological mechanisms through which adversity related to poverty and interpersonal violence is associated with psychopathology in adolescence. Distinguishing distinct pathways through which adversity influences mental health has implications for preventive interventions targeting youths exposed to childhood adversity.

Comment. Important that we understand how ACE's interacts with social conditions, behavioral issues, and mental health issues. As we understand more, perhaps we become better at a more nuanced approach to assessment and more holistic approach to treatment.

Relevance to Adolescent Practice Guidelines. Section E. Assessments of Adolescents Who Have Sexual Abused; Section F. Treatment Interventions; Section I. Special Populations: Co-Occurring Mental Health Problems

---

**Caldwell, M. F. (2016). Quantifying the decline in juvenile sexual recidivism rates. *Psychology, Public Policy, and Law*, 22, 414-426. <https://doi.org/10.1037/law0000094>**

Abstract. Data from several sources have indicated that violence in general, and sexual recidivism in adult offenders, has declined substantially in recent decades. This finding is significant because the potential effectiveness of public policies intended to reduce sexual violence in society rests in part on the base rate for re-offense of adjudicated violent offenders. This study examined whether the recidivism base rate for juvenile sexual recidivism has undergone a similar decline in recent decades. We examined 106 studies from 98 reports or data sets involving 33,783 cases of adjudicated juvenile sexual offenders that were carried out between 1938 and 2014. Results showed a weighted mean base rate for sexual recidivism of 4.92% over a mean follow-up time of 58.98 months. The year of initiation of the study predicted the sexual recidivism rate after controlling for the follow-up time. Studies conducted between 2000 and 2015 reported a weighted mean sexual recidivism rate of 2.75%; 73% lower than the rate of 10.30% reported by studies conducted between 1980 and 1995. The implications for public policies, risk assessment methods, and clinical services are discussed.

Comment. This meta-analysis concludes that sexual recidivism rates for adolescents are lower than has typically been reported. The article represents contemporary thinking and research regarding juvenile sexual recidivism and adds substantially to that research base, confirming low, and lower than expected, recidivism rates, and in addition is seminal as it will be cited broadly as well as possibly

influential in further research designs and treatment and public policy. This study has implications for challenging public policy responses based on myths about the recidivism rates of youth who have offended sexually. The results also encourage the field to challenge past assumptions regarding the nature and duration of sexual offense-specific treatment and underscore the importance of addressing risk for general recidivism.

Relevance to Adolescent Practice Guidelines. Section A. Foundational Points; Section D. Foundational Points; Section E. Assessments of Adolescents Who Have Sexual Abused; Section H. Supporting Rehabilitation.

---

**Carliner, H., Gary, D, McLaughlin, K. A., & Keyes, K. M. (2017). Trauma exposure and externalizing disorders in adolescents: Results from the national comorbidity survey adolescent supplement.**

*Journal of the American Academy of Child & Adolescent Psychiatry, 56, 755-764.*

<https://doi.org/10.1016/j.jaac.2017.06.006>

Objective. Exposure to violence and other forms of potentially traumatic events (PTEs) are common among youths with externalizing psychopathology. These associations likely reflect both heightened risk for the onset of externalizing problems in youth exposed to PTEs and elevated risk for experiencing PTEs among youth with externalizing disorders. In this study, we disaggregate the associations between exposure to PTEs and externalizing disorder onset in a population-representative sample of adolescents.

Method. We analyzed data from 13- to 18-year-old participants in the National Comorbidity Survey Replication–Adolescent Supplement (NCS-A) (N. 6,379). Weighted survival models estimated hazard ratios (HRs) for onset of oppositional defiant disorder (ODD), conduct disorder (CD), and substance use disorders (SUDs) associated with PTEs, and for exposure to PTEs associated with prior onset externalizing disorders. Multiplicative interaction terms tested for effect modification by sex, race/ethnicity, and household income.

Results. All types of PTEs were associated with higher risk for SUD (HRs. 1.29\_2.21), whereas only interpersonal violence (HR. 2.49) was associated with onset of CD and only among females. No associations were observed for ODD. Conversely, ODD and CD were associated with elevated risk for later exposure to interpersonal violence and other/nondisclosed events (HRs. 1.45\_1.75).

Conclusion. Externalizing disorders that typically begin in adolescence, including SUDs and CD, are more likely to emerge in adolescents with prior trauma. ODD onset, in contrast, is unrelated to trauma exposure but is associated with elevated risk of experiencing trauma later in development. CD and interpersonal violence exposure exhibit reciprocal associations. These findings have implications for interventions targeting externalizing and trauma related psychopathology.

Comment. More evidence for the importance of considering ACEs in the broader understanding of not only sexual behavior problems but a range of problematic behaviors and mental health issues.

Relevance to Adolescent Practice Guidelines. Section E. Assessments of Adolescents Who Have Sexual Abused; Section F. Treatment; Section G. Special Populations (Adolescents with Intellectual Disabilities)

---

**DeMarco, J. N., Cheevers, C., Davidson, J., Bogaerts, S., Pace, U., Aiken, M., Caretti, V., Schimmenti, A., & Bifulco, A. (2017). Digital dangers and cyber-victimisation: A study of European adolescent online risky behaviour for sexual exploitation. *Clinical Neuropsychiatry*, 14, 104-112.**

<https://www.clinicalneuropsychiatry.org/download/digital-dangers-and-cyber-victimisation-a-study-of-european-adolescent-online-risky-behaviour-for-sexual-exploitation>

Objective. The engagement and use of Information and Communications Technologies (ICTs) has increased exponentially across societies worldwide with implications for social and psychological development in young people. In this context, the risk of negative sexual experience and victimization online is known to have real world consequences for young people. This article seeks to: explore the nature of adolescent risk-taking online behavior from a group of young adults in different European countries; develop types of online risk profiles; explore the impact of help-seeking and to consider the potential real-world harmful consequences.

Method. A survey was administered across the United Kingdom, Ireland and Italy of 18 to 25 year olds in higher education, asking them about their online experiences between the ages of 12 and 16. Risky behavior on and off-line, types of victimization (on and offline) and sexual solicitation requests online were analyzed together with help-seeking behavior.

Results. Four profiles concerning adolescent risky behaviors were identified through cluster analysis. Each were distinguishable by a pattern of latent constructs linked to risk offline and online. Two were considered normative (adapted adolescents and inquisitive online) and two high risk (risk-taking aggressive and sexually inquisitive online). Additionally, regression analysis demonstrated significant factors linked to predicting both likelihood of meeting an adult for sexual purposes, and help-seeking behavior.

Comment. The profiles presented in the paper provide a useful tool for care providers and practitioners in identifying adolescents at risk in order to undertake preventative work.

Relevance to Adolescent Practice Guidelines: Section E. Assessments of Adolescents Who Have Sexual Abused; Section F. Treatment Interventions

---

**Dickerson, K., Flynn, E., Levine, L. J., & Quas, J. A. (2018). Are emotions controllable? Maltreated and non-maltreated youth's implicit beliefs about emotion and aggressive tendencies. *Child Abuse & Neglect*, 77, 222-231. <https://doi.org/10.1016/j.chiabu.2018.01.010>**

Abstract. Although child maltreatment places youth at substantial risk for difficulties with emotion regulation and aggression, not all maltreated youth show these adverse effects, raising important

questions about characteristics that discriminate those who do versus do not evidence long-term negative outcomes. The present investigation examined whether implicit beliefs about emotion moderated the association between maltreatment and aggression. Maltreated (n=59) and community-matched (n=66) youth were asked regarding their beliefs about emotion and aggressive behaviors. Beliefs about emotion were more strongly associated with aggression among maltreated youth, particularly physically abused youth. Maltreated youth who believed they had poor ability to control emotion reported significantly higher levels of aggression than comparison youth. However, maltreated youth who believed they had high ability to control emotion did not differ significantly in aggression from that of comparison youth. Findings offer unique insight into a factor that may increase or buffer maltreated youth's risk for aggression and thus highlight potential directions for interventions to reduce aggressive tendencies.

Comment. Suggests that belief about the capacity for self-regulation can have a significant impact on treatment. Re-enforces the notion (for me) that showing adolescents that they have a capacity to control their responses through things like biofeedback can be important for overall treatment engagement.

Relevance to Adolescent Practice Guidelines. Section F. Treatment Interventions

---

**Doornwaard, S. M., van den Eijnden, R. J. J. M., Baams, L., Vanwesenbeeck, I., & ter Bogt, T. F. M. (2016). Lower psychological well-being and excessive sexual interest predict symptoms of compulsive use of sexually explicit internet material among adolescent boys. *Journal of Youth and Adolescence*, 45, 73-84. <https://doi.org/10.1007/s10964-015-0326-9>**

Abstract. Although a growing body of literature addresses the effects of young people's use of sexually explicit Internet material, research on the compulsive use of this type of online content among adolescents and its associated factors is largely lacking. This study investigated whether factors from three distinct psychosocial domains (i.e., psychological well-being, sexual interests/behaviors, and impulsive-psychopathic personality) predicted symptoms of compulsive use of sexually explicit Internet material among adolescent boys. Links between psychosocial factors and boys' compulsive use symptoms were analyzed both cross-sectionally and longitudinally with compulsive use symptoms measured 6 months later (T2). Data were used from 331 Dutch boys (Mage = 15.16 years, range 11–17) who indicated that they used sexually explicit Internet material. The results from negative binomial regression analyses indicated that lower levels of global self-esteem and higher levels of excessive sexual interest concurrently predicted boys' symptoms of compulsive use of sexually explicit Internet material. Longitudinally, higher levels of depressive feelings and, again, excessive sexual interest predicted relative increases in compulsive use symptoms 6 months later. Impulsive and psychopathic personality traits were not uniquely related to boys' symptoms of compulsive use of sexually explicit Internet material. Our findings, while preliminary, suggest that both psychological well-being factors and sexual interests/behaviors are involved in the development

of compulsive use of sexually explicit Internet material among adolescent boys. Such knowledge is important for prevention and intervention efforts that target the needs of specific problematic users of sexually explicit Internet material.

Comment. Another study that begins to broaden our understanding of this increasingly problematic issue.

Relevance to Adolescent Practice Guidelines. Section E. Assessments of Adolescents Who Have Sexual Abused; Section F. Treatment Interventions

---

**Efrati, Y., & Gola, M. (2018). Treating compulsive sexual behavior. *Current Sexual Health Reports, 10*, 57-64. <https://doi.org/10.1007/s11930-018-0143-8>**

Abstract. Purpose of Review Here we review potential therapeutic approaches for treating compulsive sexual behaviors (CSB; also known as hypersexual disorder). We present the therapeutic goals of several psychological and, pharmacological treatment approaches, and state of the research on their effectiveness.

Recent Findings. To date, no systematic studies with control groups have been conducted in the field of CSB treatment; however, there are documented case studies and small-sample studies indicating potential effectiveness of pharmacological treatment with naltrexone and SSRIs as well as mindfulness, CBT, and 12-step-based treatment approaches.

Summary. There is a whole field of CSB treatment waiting for systematic scientific investigation. Future research on CSB treatment should take in account a possibility of individual differences in psychological and neural mechanisms underlying CSB and help inform optimal selection of treatment modality for each patient.

Comment. Not focused on adolescents, but keeps the field current with different approaches to treatment.

Relevance to Adolescent Practice Guidelines. Section F. Treatment Interventions

---

**Fanniff, A. M., Schubert, C. A., Mulvey, E. P., Iselin, A. R., & Piquero, A. R. (2017). Risk and outcomes: Are adolescents charged with sex offenses different from other adolescent offenders? *Journal of Youth and Adolescence, 46*, 1394-1423. <https://doi.org/10.1007/s10964-016-0536-9>**

Abstract. Juveniles who have committed sexual offenses are subject to specialized treatment and policies based on their assumed unique dangerousness, despite contradictory evidence. Limited information is available regarding risk factors and their relationships to outcomes in this population. The comparative frequency and predictive utility of empirically supported risk factors for general delinquency were examined using data from the Pathways to Desistance study. Adolescent males who committed sexual offenses (n = 127) were compared to adolescent males who committed non-

sexual offenses (n = 1021). At the start of the study, the sample ranged in age from 14 to 18 and self-identified as primarily African American (44 %), Latino (29 %), or White (25 %). Outcomes were measured over 7 years and included general and sexual recidivism, involvement in school and work, and positive relationships with peers and adults. The results indicated a few small differences in the presence of risk factors and their relationship to outcomes, with many similarities. Juveniles who have committed sexual offenses had equivalent general recidivism but higher sexual recidivism, though this rate was low (7.87 %, or 10 of the 127 adolescents who had committed sexual offenses). New clinical and policy approaches may be needed given the similarities between groups.

Comment. This paper adds to the literature comparing adolescents who have been adjudicated for sexual offenses to those adjudicated for other crimes. It finds little difference between two groups in terms of their risk profiles and recidivism outcomes. The primary value of this contribution is that the study uses very rigorous methods to control covariates and analyze outcomes.

Relevance to Adolescent Practice Guidelines. Section C. Sexual Abuse as a Public Health Issue; Section E. Foundation Points

---

**Felizzi, M.V. (2015). Family or caregiver instability, parental attachment, and the relationship to juvenile sex offending.** *Journal of Child Sexual Abuse, 24*, 641–658.

<https://doi.org/10.1080/10538712.2015.1057668>

Abstract. A violent or unstable home life—characterized by caregivers physically or sexually abusing children, physical violence in the home, homelessness, and other factors—and disrupted parental attachment are examined in this secondary data analysis for their possible relationship to juvenile sex offending. Parent or caregiver instability is measured by a demographic questionnaire administered to participants. Parental attachment is measured by the Inventory of Peer and Personal Attachment. The population included 502 adjudicated juvenile male sexual and nonsexual offenders in a Midwest state who responded to questionnaires in order to examine juvenile offending antecedents. The highest correlated parent or caregiver instability variables to juvenile sex offending status were multiple relocations or homelessness, children placed out of the home, slapping or punching in the home, and sexual abuse victimization. The quality of parental attachment had little impact on the respondents' offense status.

Comment. The results suggest that social learning theory is an important consideration for the etiology of juvenile sexual offending. The findings also point to the importance of having interventions that are informed by an understanding of the factors that contribute to the onset and maintenance of offending behaviors.

Relevance to Adolescent Practice Guidelines. Section E. Assessments of Adolescents Who Have Sexual Abused; Section F. Treatment Interventions

---

**Firmin, C. (2018). Contextual risk, individualized responses: An assessment of safeguarding responses to nine cases of peer-on-peer abuse. *Child Abuse Review*, 27, 42-57.**

<https://doi.org/10.1002/car.2449>

**Abstract.** Practitioners, academics and policymakers are increasingly questioning the sufficiency of safeguarding practice in protecting young people from peer-on-peer abuse in England. Using the findings from an in-depth analysis of nine cases where young people either raped or murdered their peers, this article explores approaches to assessing and intervening with those affected by peer-on-peer abuse. Building upon international calls for a contextual account of abuse between young people, the article identifies a professional struggle to address the interplay between young people's homes and the public and social spaces in which peer-on-peer abuse often manifests. Findings from this study are used to illuminate wider research into peer-on-peer abuse which has indicated a professional inability to: assess young people's behaviors with reference to the contexts in which they occur; change the environmental factors that influence abusive behaviors; and recognize the vulnerability of those who abuse their peers. The article concludes that to effectively respond to peer-on-peer abuse, multiagency partnerships are required which can identify, assess and intervene with the harmful norms in peer groups, schools and public spaces that can facilitate peer-on-peer abuse and undermine parental capacity to keep young people safe – thereby adopting a more contextual approach to safeguarding adolescents.

**Comment.** Not a research article but a more policy based, intervention based consideration of how we think about and understand the causes and nature of peer on peer abuse

**Relevance to Adolescent Practice Guidelines.** Section C: Sexual Abuse as a Public Health Issue; Section D. Foundational Issues; Section E. Assessments of Adolescents Who Have Sexual Abused; Section F. Treatment Interventions

-----  
**Grady, S., Cherry, J., Tallon, M., Tunney, C., & O'Reilly, G. (2018). An exploration of the treatment expectations and experiences of adolescents who have sexually abused. *Journal of Sexual Aggression*, 24, 80-98. <https://doi.org/10.1080/13552600.2017.1383802>**

**Abstract.** While previous research has focused on quantitative descriptions of adolescents who sexually abuse, little is known about their personal perspectives of treatment. The aim of this qualitative study was threefold: (1) Describe the treatment expectations and experiences of adolescents who have sexually abused attending a community-based intervention program, (2) highlight pre-treatment differences between adolescents who completed the intervention and adolescents who failed to complete the intervention, and (3) highlight pre to post-treatment changes in adolescents who completed the intervention. Thematic analysis was used to examine the responses of 35 adolescents to qualitative questions in specifically designed pre and post-evaluation questionnaires. Five primary themes emerged: (1) Understanding of sexually abusive behavior, (2) Support, (3) Effect on relationships, (4) Effect on lifestyle, and (5) Self-improvement. Findings

reiterate the value of supportive interventions, reveal pre-treatment differences in level of insight, and pre to post-treatment changes in understanding, self- confidence and life skills.

Comment. The paper is interesting as it addresses the experiences and perspectives of clients, supporting a model of collaborative treatment and engagement, and the importance of a holistic, strengths-based model of treatment, while “not avoiding offence-focused work.”

Relevance to Adolescent Practice Guidelines. Section F. Treatment Interventions

---

**Harms, M. B., Bowen, K. E. S., Hanson, J. L., & Pollak, S. D. (2017, October). Instrumental learning and cognitive flexibility processes are impaired in children exposed to early life stress.**

*Developmental Science.* <https://doi.org/10.1111/desc.12596>

Abstract. Children who experience severe early life stress show persistent deficits in many aspects of cognitive and social adaptation. Early stress might be associated with these broad changes in functioning because it impairs general learning mechanisms. To explore this possibility, we examined whether individuals who experienced abusive caregiving in childhood had difficulties with instrumental learning and/or cognitive flexibility as adolescents. Fifty-three 14–17-year-old adolescents (31 exposed to high levels of childhood stress, 22 control) completed an fMRI task that required them to first learn associations in the environment and then update those pairings. Adolescents with histories of early life stress eventually learned to pair stimuli with both positive and negative outcomes, but did so more slowly than their peers. Furthermore, these stress-exposed adolescents showed markedly impaired cognitive flexibility; they were less able than their peers to update those pairings when the contingencies changed. These learning problems were reflected in abnormal activity in learning-and attention-related brain circuitry. Both altered patterns of learning and neural activation were associated with the severity of lifetime stress that the adolescents had experienced. Taken together, the results of this experiment suggest that basic learning processes are impaired in adolescents exposed to early life stress. These general learning mechanisms may help explain the emergence of social problems observed in these individuals.

Comment. Research of this type has significant implications for interventions that we regularly engage in like behavior management plans, conditions of probation, and school disciplinary decisions. Connecting behavior to outcome and understanding the short- and long-term impact of behavior might actually be a learning and neurological challenge for many of our clients.

Relevance to Adolescent Practice Guidelines. Section E. Assessments of Adolescents Who Have Sexual Abused; Section F. Treatment Interventions

---

**Joyal, C.C., Carpentier, J., & Martin, C. (2016). Discriminant factors for adolescent sexual offending: On the usefulness of considering both victim age and sibling incest.** *Child Abuse & Neglect*, 54, 10–22. <https://doi.org/10.1016/j.chiabu.2016.01.006>

Abstract. Understanding the pathways and circumstances of juvenile sexual offending is of utmost importance. However, juvenile sexual offenders (JSO) represent an especially diverse group of individuals, and several categorizations have been proposed to obtain more homogeneous subgroups. Victim age-based and family relation-based categorizations are particularly promising because they seem theoretically and clinically relevant. Empirical results however are still inconsistent, and most studies have not considered these two dimensions jointly. The first goal of this study was to further examine the value of subgrouping JSO according to the age of their victim. A second goal was to determine the supplementary value, if any, of considering sibling incest. Based on a sample of 351 male JSO, it was first confirmed that sexual abuse of children was more strongly related to asociality (social skill deficits) than sexual abuse of peers, the latter being more closely associated with antisociality (general delinquency). The relevance of considering mixed-type JSO (with both child and peer victims) separately was also confirmed. More importantly, multivariate statistical analyses demonstrated that adding sibling incest to the equation was useful. JSO of intra-familial child were significantly more likely to have been victimized during their own childhood compared to JSO with extra-familial victims. Nevertheless, adolescents who had committed sibling incest obtained middle ground results on most variables (except for crime severity), suggesting that they constitute a distinct but not extreme, subgroup. This study confirmed the utility of using both the age and the family relation with the victim in characterizing juvenile sexual offending.

Comment. The results of this study highlight the diversity among adolescents who offend sexually and suggest different pathways to sexually abusive behavior as a function of the characteristics of the people whom they sexually abuse.

Relevance to Adolescent Practice Guidelines. Section D. Foundational Points; Section E. Assessments of Adolescents Who Have Sexual Abused; Section F. Treatment Interventions

---

**Kang, T., Beltrani, A., Manheim, M., Spriggs, S., Nishimura, B., Sinclair, S., Stachniuk, M., Pate, E., Righthand, S., Worling, J. R., & Prentky, R. A. (2019). Development of a risk/treatment needs and progress protocol for juveniles with sex offenses.** *Translational Issues in Psychological Science*, 5, 154-16. <https://doi.org/10.1037/tps0000191>

Abstract. With the post-Gault trend toward the criminalization of the juvenile court, the demand for risk prediction assessment scales took on newfound importance. The past several decades of research have underscored the limitations of these scales. To address these limitations, and to shift the focus from current and future risk to least restrictive management strategies and effective treatment, we have developed and implemented a new assessment protocol that relies on risk relevant dynamic factors to inform and individualize treatment interventions as a vehicle for reducing recidivism and promoting healthy development among juveniles with sex offenses—without focusing solely on risk prediction. This Treatment Needs and Progress Scale (TNPS) is currently being pilot tested in five states. This article reviews the methodological problems of the extant risk assessment scales,

discusses the development of the TNPS and how this protocol seeks to address many of these problems, including shifting the outcome target from reoffense to mitigation of risk factors through treatment and healthy growth and adjustment. We conclude with discussing how the TNPS may improve decision making regarding the management of juveniles with sex offenses, inform public policy and law, and facilitate healthier outcomes.

Comment. The article describes a model for assessing the needs of juveniles with sexual offenses, beyond the assessment of risk alone, and describes three overarching goals: reversing the prevailing standard of practice that understands risk prediction as the only purpose of assessment, re-introducing treatment as the principal objective of effective case management, and reducing the number of false positive decisions in classifying low risk youth as presenting a high risk.

Relevance to Adolescent Practice Guidelines. Section E. Assessments of Adolescents Who Have Sexual Abused; Section F: Treatment Interventions

---

**Javdani, S., Sadeh, N., Donenberg, G. R., Emerson, E. M., Houck, C., & Brown, L. K. (2017). Affect recognition among adolescents in therapeutic schools: Relationships with posttraumatic stress disorder and conduct disorder symptoms. *Child and Adolescent Mental Health, 22*, pp. 42-48. <https://doi.org/10.1111/camh.12198>**

Background. Posttraumatic stress disorder (PTSD) and conduct disorder (CD) symptoms often co-occur in adolescence, but little is known about whether they show common or distinct emotional processing deficits.

Method. We examined the effects of PTSD and CD symptoms on facial affect processing in youth with emotional and behavior problems. Teens enrolled in therapeutic day schools (N = 371; ages 13–19) completed a structured diagnostic assessment and the Diagnostic Analysis of Nonverbal Accuracy-2 facial affect recognition task.

Results. Posttraumatic stress disorder symptoms were associated with deficits in the recognition of angry facial expressions, specifically the false identification of angry faces as fearful. CD symptoms were associated with greater difficulty correctly identifying sadness. Conclusions: Findings suggest specificity in the relationships of PTSD and CD symptoms with emotional processing.

Comment. Our clients have a problem accurately identifying social cues. Strong implications for issues like consent, and also for overall positive social interaction. Raises the question of how much time we devote to this issue in treatment.

Relevance to Adolescent Practice Guidelines. Section F: Treatment Interventions

---

**Kettrey, H. H., & Lipsey, M. A. (2018). The effects of specialized treatment on the recidivism of juvenile sex offenders: A systematic review and meta-analysis. *Journal of Experimental Criminology*, 14, 361–387. <https://doi.org/10.1007/s11292-018-9329-3>**

**Objectives.** Specialized treatment programs for juvenile sex offenders (JSOs) are commonly used in juvenile justice systems. Despite their popularity, the evidence base for the effectiveness of these specialized programs is limited in both scope and quality. This systematic review and meta-analysis updates previous meta-analyses while focusing on studies of relatively high methodological quality.

**Methods.** A vigorous literature search guided by explicit inclusion criteria was conducted. Descriptive and statistical information for each eligible study was coded independently by two coders and disagreements resolved by consensus. Odds ratio effect sizes were computed for sexual recidivism and general recidivism outcomes. Mean effect sizes and their heterogeneity were examined with both fixed and random effects metaanalysis.

**Results.** Only eight eligible studies were located, seven of which were quasi-experiments. The mean effect size for the seven studies reporting sexual recidivism favored treatment but was not statistically significant (OR = 0.74, 95% CI 0.40, 1.36). The mean effect size for general recidivism was significant and also favored treatment (OR = 0.58, 95% CI 0.42, 0.81).

**Conclusions.** Remarkably little methodologically credible research has been conducted on specialized programs for JSOs despite their prevalence. The best available evidence does not support a confident conclusion that they are more effective for reducing sexual recidivism than general treatment as usual in juvenile justice systems. Future research should not only use randomized designs but should also distinguish generalist offenders who are at low risk of sexual recidivism from specialist offenders who are at higher risk of committing future sexual offenses.

**Comment.** The results of this meta-analysis indicate that sexual offense-specific treatment reduced nonsexual recidivism for participants. The authors did not find a significant reduction in sexual recidivism rates; however, they pointed to both a low base-rate of sexual recidivism and a lack of rigorous studies of treatment outcome for sexual offense-specific treatment. The article adds to the argument of low sexual recidivism rates and higher nonsexual recidivism rates).

**Relevance to Adolescent Practice Guidelines.** Section F. Treatment

---

**Kosenko, K., Luurs, G., & Binder, A. R. (2017). Sexting and sexual behavior, 2011-2015: A critical review and meta-analysis of a growing literature. *Journal of Computer-Mediated Communication*, 22, 141–160. <https://doi.org/10.1111/jcc4.12187>**

**Abstract.** Sexting and its potential links to sexual behavior, including risky sexual practices, have received scholarly scrutiny, but this literature is marked by divergent perspectives and disparate findings. To assess claims regarding the nature of the relationship between sexting and sexual behavior, we conducted a critical review of the literature and analyzed data from 15 articles via

quantitative meta-analytic techniques. Sexting behavior was positively related to sexual activity, unprotected sex, and one's number of sexual partners, but the relationship was weak to moderate. Additional information, gleaned from a critical review of included studies, helped contextualize these findings and point to specific limitations and directions for future research.

Comment. The article provides a good and broad discussion of texting, an area with limited literature, and through meta-analysis confirms the common practice of texting and its association to other sexual behaviors but also asserts that sexting is weakly related to and not a good or accurate indicator of risky sexual behavior.

Relevance to Adolescent Practice Guidelines. Section E. Assessments of Adolescents Who Have Sexual Abused; Section F. Treatment Interventions; Section J. Public Policy

---

**Leroux, E.J., Pullman, L.E., Matayne, G., & Seto, M.C. (2016). Victim age and the generalist versus specialist distinction in adolescent sexual offending. *Sexual Abuse: A Journal of Research and Treatment*, (28)2, 79-95. <https://doi.org/10.1177/1079063214535814>**

Abstract. More knowledge is needed about the etiology and treatment needs of adolescent sex offenders. The current study compared adolescents who had offended against children (defined as below the age of 12 and at least 5 years younger than the adolescent), adolescents who have offended against peers or adults, and adolescents who had victims in both age groups. Based on Seto and Lalumière's meta-analytic findings, participants were compared on theoretically derived factors, including childhood sexual abuse, atypical sexual interests, sexual experience, social competence, psychiatric history, and general delinquency factors (past criminal history, substance abuse history, and offense characteristics). The study sample consisted of 162 court referred male adolescent sexual offenders aged 12 to 17 years. Of the six identified domains, groups significantly differed on five of them; the exceptions were variables reflecting social competence. The results further support the validity of distinguishing adolescent sex offenders by victim age.

Comment. The results of this study underscore the importance of differentiating adolescents who have offended sexually based on the age of the people whom they abused. Differences between age-based subgroups suggest different etiological pathways and treatment needs.

Relevance to Adolescent Practice Guidelines. Section D. Foundational Points (1.3); Section F. Treatment Interventions

---

**Letourneau, E.J., Schaeffer, C.M., Bradshaw, C.P., & Feder, K.A. (2017). Preventing the onset of child sexual abuse by targeting young adolescents with universal prevention program. *Child Maltreatment*, 22, 100–111. <https://doi.org/10.1177%2F1077559517692439>**

Abstract. Child sexual abuse (CSA) is a serious public health problem that increases risk for physical and mental health problems across the life course. Young adolescents are responsible for a

substantial portion of CSA offending, yet to our knowledge, no validated prevention programs that target CSA perpetration by youth exist. Most existing efforts to address CSA rely on reactive criminal justice policies or programs that teach children to protect themselves; neither approach is well validated. Given the high rates of desistance from sexual offending following a youth's first CSA-related adjudication, it seems plausible that many youth could be prevented from engaging in their first offense. The goal of this article is to examine how school-based universal prevention programs might be used to prevent CSA perpetrated by adolescents. We review the literature on risk and protective factors for CSA perpetration and identify several promising factors to target in an intervention. We also summarize the literature on programs that have been effective at preventing adolescent dating violence and other serious problem behaviors. Finally, we describe a new CSA prevention program under development and early evaluation and make recommendations for program design characteristics, including unambiguous messaging, parental involvement, multisession dosage, skills practice, and bystander considerations.

Comment. The authors outline how school-based prevention programs might be used to prevent child sexual abuse perpetrated by adolescents. Current interventions with sexually abusive youth have been focused on secondary and tertiary prevention, and it would be ideal for more focus to be placed on primary prevention.

Relevance to Adolescent Practice Guidelines. Section J. Appendix: Public Policy

---

**Letourneau, E. J, Shields, R. T., Nair, R., Kahn, G., Sandler, J. C., & Vandiver, D. M. (2018). Juvenile registration and notification policies fail to prevent first-time sexual offenses: An extension of findings to two new states. *Criminal Justice Policy Review*. Advance online publication. <https://doi.org/10.1177/0887403418786783>**

Abstract. This study evaluated the effects of Maryland and Oregon juvenile sex offender registration and notification policies on first-time sexual offense charges and adjudications. We used autoregressive modeling to compare the monthly average of first-time sexual offense charges (N = 5,657 and 13,278 for Maryland and Oregon, respectively) and adjudications (N = 1,631 and 5,451 for Maryland and Oregon, respectively) across pre- and post-policy years. Results indicate that neither state's registration policy had any impact on first-time sexual offense charges or adjudications and are consistent with prior studies evaluating the juvenile registration and notification policies of four other states. The absence of general deterrence effects across three studies evaluating six state registration policies suggests that, regardless of specific policy characteristics, juvenile registration and notification policies fail to improve community safety via deterring first-time sexual offenses among children. Recommendations include replacing juvenile registration policies with more effective prevention and intervention practices.

Comment. This is one of the more extensive studies looking at the relationship between sex offender registration and general desistance. The methodology was particularly rigorous. The paper offers a

broad overview of the history of juvenile sexual registration and research into its impact, if any. The article offers additional support for and strengthens the position that juvenile registration has no positive impact and lacks any evidence of efficacy as a deterrent to sexually abusive behavior or sexual recidivism, does not improve public safety, and should be replaced with a prevention and treatment model. The finding that registration has no detectable general deterrent effect, in combination with the growing body of research on this issue, puts this question to rest.

Relevance to Adolescent Practice Guidelines. Section D. Foundational Points; Section H. Supporting Rehabilitation; Section J. Public Policy

---

**Masten, A. S., & Monn, A. R. (2015 ). Child and family resilience: A call for integrated science, practice, and professional training.** *Family Relations: An Interdisciplinary Journal of Applied Family Studies*, 64, 5-21. <https://doi.org/10.1111/fare.12103>

Abstract. Science and practice focused on child resilience and family resilience have deep and intertwined roots, yet there have been surprisingly few efforts to systematically integrate the theory, findings, and implications of these two traditions of work. In this article, the authors discuss parallels in concepts and processes that link the sciences of child and family resilience and the potential of relational developmental systems theory to provide an integrative framework for understanding and promoting resilience in children and families. The authors describe components of an integrated approach to child and family resilience, highlighting examples from recent research, and discuss implications for research, practice, and professional training.

Comment. Theoretical discussion of how we think about and promote resilience.

Relevance to Adolescent Practice Guidelines. Section D. Foundational Points; Section F. Treatment Interventions

---

**McCuish, E., & Lussier, P. (2018). A developmental perspective on the stability and change of psychopathic personality traits across the adolescence-adulthood transition.** *Criminal Justice And Behavior*. Advance online publication. <https://doi.org/10.1177/0093854818761992>

Abstract. The stability of psychopathic personality disturbance (PPD) has important theoretical implications for developmental criminology and population heterogeneity perspective assertions that psychopathy is a key measure of criminal propensity. Data from the Pathways to Desistance Study (n = 1,354) were used to examine short-, moderate-, and long-term reliable change in symptoms of PPD measured via the Youth Psychopathic Traits Inventory (YPI). Youth scoring highest on the YPI at the baseline assessment were most likely to experience reliable decreases in test scores. Binomial regression analyses showed that a reliable decrease in YPI test score was associated with decreased odds of endorsing additional offenses. Findings contrasted the adolescent “fledgling” psychopathy

perspective and indicated that individuals scoring high on the YPI are the group most likely to experience reliable decreases in test scores, especially over a longer follow-up period.

Comment. For those who think about our clients in terms of psychopathy. Some interesting results.

Relevance to Adolescent Practice Guidelines. Section E. Assessments of Adolescents Who Have Sexual Abused

---

**McCuish, E. C., Lussier, P., & Corrado, R. R. (2015). Examining antisocial behavioral antecedents of juvenile sexual offenders and non-sexual offenders. *Sexual Abuse: A Journal of Research and Treatment*, 27, 414-438. <https://doi.org/10.1177%2F1079063213517268>**

Abstract. In prospective longitudinal studies of juvenile offenders, the presence of multiple developmental pathways of antisocial behaviors has consistently been identified. An “antisocial” type of juvenile sex offender (JSO) has also been identified; however, whether antisocial JSOs follow different antisocial pathways has not been examined. In the current study, differences in antisocial pathways within JSOs and between JSOs and juvenile non-sex offenders (JNSOs) were examined. Data on Canadian male incarcerated adolescent offenders were used to identify whether behavioral antecedents differed within JSOs and between JSOs ( $n = 51$ ) and JNSOs ( $n = 94$ ). Using latent class analysis (LCA), three behavioral groups were identified. For both JSOs and JNSOs, there was a Low Antisocial, Overt, and Covert group. Overall, there were important within-group differences in the behavioral patterns of JSOs, but these differences resembled differences in the behavioral patterns of their JNSO counterpart. Risk factors including offense history, abuse history, and family history were more strongly associated with the Overt and Covert groups compared with the Low Antisocial group. Implications for JSO assessment practices were discussed.

Comment. The results suggest the need for more precise assessments of the adolescent’s antisocial behavior in order to determine whether there is a link between the nature of the antisocial behavior pathway and the modus operandi of their

Relevance to Adolescent Practice Guidelines. Section D. Foundational Points; Section F. Treatment Interventions

---

**McDonnell, A., McCreddie, M., Mills, R., Deveau, R., Anker, R., & Hayden, J. (2015). The role of physiological arousal in the management of challenging behaviours in individuals with autistic spectrum disorders. *Research in Developmental Disabilities*, 36, 311-322. <https://doi.org/10.1016/j.ridd.2014.09.012>**

Abstract. Challenging behaviors restrict opportunities and choices for people with autistic spectrum disorders (ASD) and frequently lead to inappropriate and costly service interventions. Managing challenging behaviors of people with autism is an important area of research. This paper examines some of the evidence for the role of physiological arousal influencing these behaviors. Evidence from

the emerging literature about sensory differences is examined. It is proposed that sensory reactivity is associated with hyperarousal; catatonic type behaviors are associated with low levels of reactivity (hypoarousal). A low arousal approach is proposed as a generalized strategy to managing challenging behaviors with ASD. The use of non-contingent reinforcement and antecedent control strategies are recommended for use with challenging behaviors which have a sensory component. Examples are provided to illustrate the approach. The implications of arousal and the use of physical interventions are discussed. It is proposed that arousal is a construct, which has significant heuristic value for researchers and practitioners.

Comment. Some new research on a population that we increasingly work with but may not have read a lot of research about.

Relevance to Adolescent Practice Guidelines. Section F. Treatment Interventions; Section G. Special Populations

---

**McLaughlin, K. A., & Lambert, H. K. (2017). Child trauma exposure and psychopathology: Mechanisms of risk and resilience.** *Current Opinion in Psychology, 14*, 29–34.

<https://doi.org/10.1016/j.copsyc.2016.10.004>

Abstract. Exposure to trauma in childhood is associated with elevated risk for multiple forms of psychopathology. Here we present a biopsychosocial model outlining the mechanisms that link child trauma with psychopathology and protective factors that can mitigate these risk pathways. We focus on four mechanisms of enhanced threat processing: information processing biases that facilitate rapid identification of environmental threats, disruptions in learning mechanisms underlying the acquisition of fear, heightened emotional responses to potential threats, and difficulty disengaging from negative emotional content. Supportive relationships with caregivers, heightened sensitivity to rewarding and positive stimuli, and mature amygdala prefrontal circuitry each serve as potential buffers of these risk pathways, highlighting novel directions for interventions aimed at preventing the onset of psychopathology following child trauma.

Comment. Identifying risks but also beginning to make an argument for what are the pathways to “protective” factors.

Relevance to Adolescent Practice Guidelines. Section E. Assessments of Adolescents Who Have Sexual Abused; Section F. Treatment Interventions

---

**Miner, M.H., Romine, R.S., Robinson, B.E., Berg, D., & Knight, R.A. (2016). Anxious attachment, social isolation, and indicators of sex drive and compulsivity: Predictors of child sex abuse perpetration in adolescent males.** *Sexual Abuse: A Journal of Research and Treatment, 28*, 132-153.

<https://doi.org/10.1177%2F1079063214547585>

Abstract. It has been suggested that child sexual abuse is related to poor attachment to parents, which is associated with an inability to form intimate relationships. Seto and Lalumière indicated that there were too few studies of adolescent males to determine whether poor attachment was associated with perpetration. This study was designed to follow up on a previous study and further explored the association between insecure attachment to parents, social isolation, and interpersonal adequacy to child sexual abuse perpetration in adolescents. We compared two samples of adolescent males who had committed sexual offenses, those who committed offenses against children ( $n = 140$ ) and those who committed offenses against peer or adults ( $n = 92$ ), with a sample of similarly aged males in treatment for mental health or substance use issues ( $n = 93$ ). Data were collected using a semi-structured interview and computer-administered questionnaire. We found an indirect association between anxious attachment and sexual offenses against child victims, which was accounted for by measures of social involvement and social isolation. These involvement and isolation measures also did not have a direct association with sexual offenses against child victims, in that their contribution was accounted for by a measure of Masculine Adequacy. This Masculine Adequacy, combined with decreased levels of Sexual Preoccupation and Hypersexuality and increased Sexual Compulsivity, was associated with commission of child sexual abuse. The interpersonal variables did not enter a model predicting sexual offending against peers/adults, which seemed solely associated with the interaction between Sexual Compulsivity and Hypersexuality.

Comment. The results suggest that there are different etiological pathways for adolescents who offend sexually as a function of the age of the individuals whom they offend against. The results further suggest that these subgroups present with unique risks and needs to be addressed in treatment.

Relevance to Adolescent Practice Guidelines. Section E. Assessments of Adolescents Who Have Sexual Abused; Section F. Treatment Interventions

-----

**Morais, H. B., Joyal, C. C., Alexander, A. A., Fix, B. L., & Burkhart, B. R. (2016). The neuropsychology of adolescent sexual offending: Testing an executive dysfunction hypothesis.** *Sexual Abuse: Journal of Research and Treatment*, 28, 741-754. <https://doi.org/10.1177/1079063215569545>

Abstract. Although executive dysfunctions are commonly hypothesized to contribute to sexual deviance or aggression, evidence of this relationship is scarce and its specificity is unproven, especially among adolescents. The objective of this study was to compare the executive functioning (EF) of adolescents with sexual offense convictions (ASOC) to that of non-sex-delinquents (NSD). A secondary goal was to assess the relationship among specific sexual offense characteristics (i.e., victim age), history of childhood sexual abuse (CSA), and EF. It was hypothesized that as a group, ASOC would present similar EF profiles as NSD. It was further hypothesized that ASOC with child victims would present significantly higher rates of CSA and more severe impairment of EF than ASOC with peer-aged or older victims and NSD. A total of 183 male adolescents (127 ASOC and 56 NSD) were interviewed to

collect demographic information, sexual development history, history of CSA, an assessment of living conditions, and history of delinquency and sexual offending. Participants were administered the Delis–Kaplan Executive Functioning System and the Hare Psychopathy Checklist–Youth Version. In accord with the first hypothesis, ASOC and NSD presented similar EF scores, well below normative values. Thus, EF deficits may not characterize the profiles of adolescents with sexual behavior problems. Contrarily to our second hypothesis, however, offending against children and or experiencing CSA were not associated with poorer EF performance. On the contrary, ASOC with child victims obtained significantly higher scores on measures of higher order EF than both ASOC with peer-aged or older victims and NSD. Implications of these results and future directions are discussed.

Comment. Another aspect of considering executive functioning issues and how they might impact the ways in which we view and treat clients. The paper highlights similarities shared by juveniles adjudicated on sexual charges and non-sexual delinquents with respect to executive functioning, confirming that executive functioning in both groups was about the same, and in both cases below average, and not characteristic of sexually abusive youth. It describes sexually abusive youth functioning at higher levels of executive functioning than non-sexual juvenile offenders. The results of this study suggest that, among adolescents who have sexually offended, a history of childhood sexual victimization is correlated with specific offense characteristics, risk factors, and treatment needs.

Relevance to Adolescent Practice Guidelines. Section A. Foundational Points; Section E. Assessments of Adolescents Who Have Sexual Abused; Section F. Treatment interventions

---

**Morina, N., Koerssen, R., & Pollet, T. V. (2016). Interventions for children and adolescents with posttraumatic stress disorder: A meta-analysis of comparative outcome studies. *Clinical Psychology Review, 47*, 41–54. <https://doi.org/10.1016/j.cpr.2016.05.006>**

Abstract. This meta-analysis aimed at determining the efficacy of psychological and psychopharmacological interventions for children and adolescents suffering from symptoms of posttraumatic stress disorder (PTSD). A search using the Medline, PsycINFO, and PILOTS databases was conducted to identify randomized controlled trials (RCTs) for pediatric PTSD. The search resulted in 41 RCTs, of which 39 were psychological interventions and two psychopharmacological interventions. Results showed that psychological interventions are effective in treating PTSD, with aggregated effect sizes of Hedge's  $g = 0.83$  when compared to waitlist and  $g = 0.41$  when compared to active control conditions at post-treatment. Trauma-focused cognitive behavior therapy was the most researched form of intervention and resulted in medium to large effect sizes when compared to waitlist ( $g = 1.44$ ) and active control conditions ( $g = 0.66$ ). Experimental conditions were also more effective than control conditions at follow-up. Interventions were further effective in reducing comorbid depression symptoms, yet the obtained effect sizes were small to medium only. The findings indicate that psychological interventions can effectively reduce PTSD symptoms in children

and adolescents. There is very little evidence to support use of psychopharmacological interventions for pediatric PTSD.

Comment. Strong empirical support for treatment designed to reduce PTSD symptoms in children and adolescents

Relevance to Adolescent Practice Guidelines. Section E. Assessments of Adolescents Who Have Sexual Abused ; Section F. Treatment Interventions; Appendix: Special Populations

---

**Phillips, J., Fowler, A., & Westaby, C. (2018). Self-disclosure in criminal justice: What form does it take and what does it achieve?** *International Journal of Offender Therapy and Comparative Criminology*, 62, 3890-3909. <https://doi.org/10.1177/0306624X17751528>

Abstract. Self-disclosure, the act of therapists revealing something about themselves in the context of a professional relationship, has been linked with higher levels of effectiveness when used by correctional workers. However, it is poorly defined in both criminal justice policy and criminological research which has resulted in a lack of understanding about the potential risks and benefits to practice and practitioners. This article uses literature from other fields (namely, social work, counselling, and psychotherapy) to lay out what forms self-disclosure might take in the field of criminal justice. The article presents data that were generated as part of a larger project on emotional labor in probation practice in England. It analyses these data to argue that self-disclosure is used in two principle ways: to create and enhance a therapeutic relationship and in a more correctional way which is focused on criminogenic risk and need. We conclude by arguing that future research which seeks to identify a link between certain skills and effective outcomes needs to start with a much stronger definition of such skills as, otherwise, any effects are likely to be lost.

Comment. Though a small study, the article focuses on an important contemporary topic in treatment regarding the therapeutic relationship and working alliance between provider and client, and the attributes and behavior of the provider and its effects upon the treatment relationship and outcomes. Although the study focuses on probation officers, the article highlights the use and value of provider self-disclosure in the therapeutic relationship.

Relevance to Adolescent Practice Guidelines. Section F. Treatment Interventions

---

**Rasmussen, L. A. L. (2018). Comparing predictive validity of JSORRAT-II and MEGA with sexually abusive youth in long-term residential custody.** *International Journal of Offender Therapy and Comparative Criminology*, 62, 2937- 2953. <https://doi.org/10.1177/0306624X17726550>

Abstract. This 6-year prospective study is the first to compare two psychometrically sound risk assessment tools for sexually abusive youth: *JSORRAT-II* and *MEGA*. Cross-validated on representative samples of over 500 youth, these measures have cutoff scores, allowing for a more exact assessment

of risk. Study sample consisted of 129 male adjudicated adolescents housed in a secured residential treatment facility for sexually abusive youth. Receiver operating characteristic (ROC) analysis showed that *MEGA Risk Scale* was mildly predictive of sexual recidivism over a 6-year period (mean follow-up = 15.6 months)—area under the curve (AUC) = .67; 95% confidence interval [CI] = [0.52, 0.82];  $p < .015$ . *JSORRAT-II* was not predictive (AUC = .57; 95% CI = [0.42, 0.72];  $p < .297$ ). The study contributes to scant literature on the most contemporary, statistically robust risk assessment tools for sexually abusive youth.

Comment. Risk-prediction tools provide only poor-to-moderate predictive validity (maybe just more evidence to suggest a more formal move away from attempts to use these tools to predict the future)

Relevance to Adolescent Practice Guidelines. Section E. Assessments of Adolescents Who Have Sexual Abused

---

**Rodenhizer, K. A. E., & Edwards, K. M. (2017). The impacts of sexual media exposure on adolescent and emerging adults' dating and sexual violence attitudes and behaviors: A critical review of the literature. *Trauma, Violence, & Abuse*. Advance online publication.**

<https://doi.org/10.1177/1524838017717745>

Abstract. Dating violence (DV) and sexual violence (SV) are widespread problems among adolescents and emerging adults. A growing body of literature demonstrates that exposure to sexually explicit media (SEM) and sexually violent media (SVM) may be risk factors for DV and SV. The purpose of this article is to provide a systematic and comprehensive literature review on the impact of exposure to SEM and SVM on DV and SV attitudes and behaviors. A total of 43 studies using adolescent and emerging adult samples were reviewed, and collectively the findings suggest that (1) exposure to SEM and SVM is positively related to DV and SV myths and more accepting attitudes toward DV and SV; (2) exposure to SEM and SVM is positively related to actual and anticipated DV and SV victimization, perpetration, and bystander nonintervention; (3) SEM and SVM more strongly impact men's DV and SV attitudes and behaviors than women's DV and SV attitudes and behaviors; and (4) preexisting attitudes related to DV and SV and media preferences moderate the relationship between SEM and SVM exposure and DV and SV attitudes and behaviors. Future studies should strive to employ longitudinal and experimental designs, more closely examine the mediators and moderators of SEM and SVM exposure on DV and SV outcomes, focus on the impacts of SEM and SVM that extend beyond men's use of violence against women, and examine the extent to which media literacy programs could be used independently or in conjunction with existing DV and SV prevention programs to enhance effectiveness of these programming efforts.

Comment. The article is not directly related to juvenile sexually abusive behavior, but is relevant to emerging ideas, concerns, and directions regarding the effect of pornography consumption and the consumption of other sexually explicit media on juvenile sexual behavior. Through the process of

analyzing 43 studies, the authors conclude that SEM consumption has a relationship with non-sexual and sexual beliefs and behaviors of concern, including sexual and domestic violence, and the possibility of desensitization to inappropriate sexual material.

Relevance to Adolescent Practice Guidelines. Section E. Assessments of Adolescents Who Have Sexual Abused; Section F. Treatment Interventions

---

**Schmidt, A. F., Babchishin, K. M., & Lehmann, J. J. B. (2017). A meta-analysis of viewing time measures of sexual interest in children. *Archives of Sexual Behavior*, 46, 287-300.**

<https://doi.org/10.1007/s10508-016-0806-3>

Abstract. Due to unobtrusiveness and ease of implementation, viewing time (VT) measures of sexual interest in children have sparked increasing research interest in forensic contexts over the last two decades. The current study presents two meta-analyses of VT measures adapted to assess pedophilic interest to determine their discrimination between sexual offenders against children (SOC) and non-SOC groups as well as convergent validity (associations with other measures of sexual interest in children). On average, VT measures showed moderate discrimination between criterion groups (fixed-effect  $d = 0.60$ , 95% CI [0.51, 0.68],  $N = 2,705$ ,  $k = 14$ ) and significant convergent validity with self-reports, penile plethysmography, Implicit Association Tests and offence behavioral measures ranging from  $r = .18$  to  $r = .38$ . VT measures, however, provided better discrimination for adults (fixed-effect  $d = 0.78$ , 95% CI [0.64, 0.92]) than adolescent samples (fixed-effect  $d = 0.50$ , 95% CI [0.40, 0.61]),  $Q$  between = 9.37,  $p = .002$ . Moreover, using pedophilic difference scores within adult samples substantially increased VT measures' validity (fixed-effect  $d = 1.03$ , 95% CI [0.82, 1.25],  $N = 414$ ,  $k = 7$ ). Results are discussed in terms of their theoretical and applied implications for forensic contexts.

Comment: Unobtrusively measured viewing time—moderate effect size suggests it provides valid information regarding age-related sexual interest data for adolescents (there is no mention of viewing time measures in the current guidelines; perhaps we may want to consider mentioning that it is a measurement technique that could provide information regarding sexual interests.

Relevance to Adolescent Practice Guidelines. Section E. Assessments of Adolescents Who Have Sexual Abused: Psychophysiological Measures

---

**Sheridan, M. A., McLaughlin, K. A., Winter, W., Fox, N., Zeanah, C., & Nelson, C. A. (2018). Early deprivation disruption of associative learning is a developmental pathway to depression and social problems. *Nature Communications*, 9, article 2216. Retrieved online. <https://doi.org/10.1038/s41467-018-04381-8>**

Abstract. Exposure to psychosocial deprivation is associated with elevations in numerous forms of impairment throughout the life-course. Disruptions in associative learning may be a key mechanism through which adversity, particularly psychosocial deprivation, increases risk for impairment. Existing

data consistent with this claim come entirely from correlational studies. Here, we present the first experimental evidence relating psychosocial deprivation and disruptions in multiple forms of associative learning. Using data from the Bucharest Early Intervention Project, we demonstrate that randomized placement into a family caregiving environment during the infant/toddler period as compared to prolonged institutional care normalizes two forms of associative learning in early adolescence: reward responsiveness and implicit motor learning. These forms of associative learning significantly mediate the effect of institutional rearing on depressive symptoms and peer relationships. In sum, we provide evidence for a novel pathway linking early experience to psychopathology and peer relationships through basic associative learning mechanisms.

Comment. Informing a more systemic view of issues surrounding and the impact of placement decisions.

Relevance to Adolescent Practice Guidelines. Section D. Foundational Points

---

**Silovsky, J. F., Hunter, M. D., & Taylor, E. K. (2018). Impact of early intervention for youth with problematic sexual behaviors and their caregivers. *Journal of Sexual Aggression*. Advance online publication. <https://doi.org/10.1080/13552600.2018.1507487>**

Abstract. Targeting broad implementation of early intervention services has a high potential for impact given the prevalence of child sexual abuse committed by youth and the low recidivism rate following effective interventions. This multisite quasi-experimental study examined the outcomes for 320 youth ages 10-14 years and their caregivers who participated in community based problematic sexual behavior-cognitive behavior therapy (PSB-CBT). Significant reductions in PSB with a large effect size (e.g.  $t(126) = 11.69$ ,  $p < .001$ ,  $d = 2.08$ ) were found. No site differences were found, despite racial and regional diversity. Nonsexual behavior problems, emotional problems, and trauma symptoms also significantly improved. Positive outcomes extended to caregivers. Recommended next steps include rigorous strategies for examining the impact of widespread implementation of evidence-based early intervention programs on the prevention of sexual abuse, complemented with thoughtful efforts to develop and implement policies and procedures that improve the safety and well-being of all children in the community.

Comment. This article adds to the literature addressing pre- or early-adolescents. It describes the application of a cognitive-behavioral program originally designed to treat children ages 7-12 who have engaged in problematic sexual behavior, and its use with a community-based sample of 10-14 year-olds. The emphasis is on effective and early intervention in treatment problematic sexual behavior in children and young adolescents.

Relevance to Adolescent Practice Guidelines. Section F. Treatment Interventions

---

**Suleimana, A.B., Galván, A. Harden, K. P., & Dahl, R. E. (2017). Becoming a sexual being: The 'elephant in the room' of adolescent brain development. *Developmental Cognitive Neuroscience, 25*, 209–220. <https://doi.org/10.1016/j.dcn.2016.09.004>**

**Abstract.** The onset of adolescence is a time of profound changes in motivation, cognition, behavior, and social relationships. Existing neurodevelopmental models have integrated our current understanding of adolescent brain development; however, there has been surprisingly little focus on the importance of adolescence as a sensitive period for romantic and sexual development. As young people enter adolescence, one of their primary tasks is to gain knowledge and experience that will allow them to take on the social roles of adults, including engaging in romantic and sexual relationships. By reviewing the relevant human and animal neurodevelopmental literature, this paper highlights how we should move beyond thinking of puberty as simply a set of somatic changes that are critical for physical reproductive maturation. Rather, puberty also involves a set of neurobiological changes that are critical for the social, emotional, and cognitive maturation necessary for reproductive success. The primary goal of this paper is to broaden the research base and dialogue about adolescent romantic and sexual development, in hopes of advancing understanding of sex and romance as important developmental dimensions of health and well-being in adolescence.

**Comment.** Updated information regarding adolescent brain development and human sexuality and the need for sensitivity to developmental considerations for assessment, treatment, and policy.

**Relevance to Adolescent Practice Guidelines.** Section D. Foundational Points; Section E. Assessments of Adolescents Who Have Sexual Abused; Section F. Treatment Interventions; Appendix: Public Policy

---

**Ter Beeka, E., Kuipera, C. H. Z., van der Rijken, R. E. A., Spruit, A., Stams, G. J. J. M., Hendriks. J. (2018). Treatment effect on psychosocial functioning of juveniles with harmful sexual behavior: A multilevel meta-analysis. *Aggression and Violent Behavior, 39*, 116-128.**

<https://doi.org/10.1016/j.avb.2018.02.008>

**Abstract.** This multilevel meta-analysis examined the effects of treatment for juveniles with harmful sexual behavior on psychosocial functioning, and the potential moderating effects of outcome, treatment, participant, and study characteristics. In total, 23 studies, comprising 31 independent samples and 1342 participants, yielded 362 effect sizes (Cohen's d). A moderate overall effect size was found of  $d=0.60$ , indicating that groups receiving treatment achieved an estimated relative improvement in psychosocial functioning of 33%. Type of outcome did moderate the effect of treatment, indicating that effects on atypical sexual arousal and empathy (a trend) were smaller, compared to effects on other outcomes. Most prominently, studies of weak quality produced larger effect sizes. Unexpectedly, non-established treatments had more effect than did established treatments, which may be explained by the use of less rigorous study designs. Treatment groups with a higher percentage of juveniles with similar age victims or mixed type problem behavior also yielded larger effect sizes. Lastly, evaluation of treatment effects by professionals produced higher effect

sizes, compared to other sources of information (e.g., adolescent self-report). Although only a marginal to no indication was found for publication bias by means of funnel plot analysis of the distribution of effect sizes, articles published in peer reviewed journals showed relatively large effect sizes. Implications for future research and clinical practice are discussed.

Comment. This study and the sister study (below) examine the effectiveness of treatment using relatively rigorous analysis and methodology. This study looks at the effectiveness of treatment on changing factors in the youth that are believed to be related to recidivism, and are also related to general positive life adjustment. They found that treatment is moderately effective at improving factors related to psychosocial functioning. The finding that treatment effectiveness varied by the group characteristics of the youth is useful and may assist in refining treatment programs.

Relevance to Adolescent Practice Guidelines. Section C. Sexual Abuse as a Public Health Issue; Section D. Foundational Points

---

**Ter Beek, E., Spruit, A., Kuiper, C. H. Z., van der Rijken, R. E. A., Hendriks, J., & Stams, G. J. J. M. (2017). Treatment effect on recidivism for juveniles who have sexually offended: A multilevel meta-analysis. *Journal of Abnormal Child Psychology*, 46, 543-556. <https://doi.org/10.1007/s10802-017-0308-3>**

Abstract. The current study investigated the effect on recidivism of treatment aimed at juveniles who have sexually offended. It also assessed the potential moderating effect of type of recidivism, and several treatment, participant and study characteristics. In total, 14 published and unpublished primary studies, making use of a comparison group and reporting on official recidivism rates, were included in a multilevel meta-analysis. This resulted in the use of 77 effect sizes, and 1726 participants. A three-level meta-analytic model was used to calculate the combined effect sizes (Cohens d) and to perform moderator analyses. Study quality was assessed with the EPHPP Quality Assessment Tool for Quantitative Studies. A moderate effect size was found ( $d = 0.37$ ), indicating that the treatment groups achieved an estimated relative reduction in recidivism of 20.5% as compared to comparison groups. However, after controlling for publication bias, a significant treatment effect was no longer found. Type of recidivism did not moderate the effect of treatment, indicating that treatment groups were equally effective for all types of recidivism. Also, no moderating effects of participant or treatment characteristics were found. Regarding study characteristics, a shorter follow up time showed a trend for larger effect sizes, and the effect size calculation based on proportions yielded larger effect sizes than calculation via mean frequency of offending. Implications for future research and clinical practice are discussed.

Comment. Large study that shines some light on treatment effects and recidivism. This meta-analysis addressed a number of important issues in the effects of treatment on recidivism. Sexual-offense-specific treatment also reduced nonsexual recidivism for participants, and with stronger treatment effects over shorter follow-up periods. While the evidence that treatment reduced recidivism was

mixed, the results indicate that some approaches are likely more effective, and the impact of treatment on recidivism appears to be limited to a short time after completion of treatment. These results suggest the importance of ongoing support for the youth after the end of formal treatment.

Relevance to Adolescent Practice Guidelines. Section C. Sexual Abuse as a Public Health Issue; Section D. Foundational Points; Section F. Treatment Interventions

---

**Thibodeau, M., Lavoie, F., Hébert, M., & Blais, M. (2017). Pathways linking childhood maltreatment and adolescent sexual risk behaviors: the role of attachment security.** *Journal of Sex Research, 54*, 994-1005. <https://doi.org/10.1080/00224499.2017.1316816>

Abstract. Previous research has shown an association between child maltreatment (sexual abuse, physical abuse, neglect or witnessing interparental violence) and adolescent sexual risk behaviors. The mechanisms explaining this association are not well understood but attachment theory could provide further insight into them. This study examined the relationships between child maltreatment and sexual risk behaviors and investigated anxious and avoidant attachment as mediators. The sample comprised 1,900 sexually active adolescents (13 to 17 years old; 60.8% girls) attending Quebec high schools. The results of path analyses indicated that neglect was associated with a higher number of sexual partners, casual sexual behavior, and being younger at first intercourse. Anxious attachment mediated the relation between neglect and number of sexual partners, whereas avoidant attachment explained the relation between neglect and number of sexual partners, casual sexual behavior, and age at first intercourse (for boys only). Sexual abuse was directly associated with all three sexual risk behaviors. Neither anxious attachment nor avoidant attachment mediated these associations. Youth with a history of neglect and sexual abuse represent a vulnerable population that is likely to engage in sexual risk behaviors. Interventions designed to induce a positive change in attachment security may reduce sexual risk behaviors among victims of neglect.

Comment. There are not a lot of large studies that look at adolescent's attachment and its connection to sexual behavior. This adds the factor of child maltreatment.

Relevance to Adolescent Practice Guidelines. Section E. Assessments of Adolescents Who Have Sexual Abused; Section F. Treatment Interventions

---

**Van den Berg, C., Bijleveld, C., & Hendriks, J. (2017). The juvenile sex offender: criminal careers and life events.** *Sexual Abuse: A Journal of Research and Treatment, 29*, 81-101. <https://doi.org/10.1177/1079063215580967>

Abstract. In this article, we investigate whether the life events of marriage, parenthood, and employment were associated with general offending for a Dutch sample of 498 juvenile sex offenders (JSOs). In previous empirical studies, these life events were found to limit adult general offending in the population as well as high-risk samples. A hybrid random effects model is used to investigate

within-individual changes of these life events in association with general offending. We also investigated whether the findings differed for child abusers, peer abusers, and group offenders, as they have distinct background profiles. We found that JSOs make limited transitions into the state of marriage, parenthood, and employment, showing overall stagnating participation rates. For the entire sample of JSOs, employment was found to be associated with a decrease in offending. Group offenders benefited most from employment. Marriage and parenthood were not associated with the general offending patterns, whereas for child abusers, parenthood was associated with an increase in offending. We conclude that policies aimed at guidance toward employment, or inclusion into conventional society, may be effective for JSOs.

Comment. This study examined the relationship between several variables and overall life adjustment of juveniles accused of sexual misconduct. The study highlighted the importance of employment in making a positive life adjustment following treatment. The results support including employment related programming in treatment programs.

Relevance to Adolescent Practice Guidelines. Section C. Sexual Abuse as a Public Health Issue; Section D. Foundation Points; Section F. Treatment Interventions

---

**van der Put, C., & de Ruiter, C. (2016, December). Child maltreatment victimization by type in relation to criminal recidivism in juvenile offenders. *BMC Psychiatry*, 16, Article 24.**

<https://doi.org/10.1186/s12888-016-0731-y>

Abstract. Background: This study aimed to examine the relation between different types of child abuse victimization and criminal recidivism among juvenile offenders. Method: Secondary analyses were conducted on data collected with the Washington State Juvenile Court Assessment and general recidivism. The sample consisted of female (n = 3502) and male (n = 10,111) juvenile offenders. Results: For male juvenile offenders, neglect and physical abuse victimization were significantly but rather weakly associated with both general and violent recidivism. For female juvenile offenders, neglect and physical abuse were weakly associated with general recidivism, but not with violent recidivism. Sexual abuse was not related to either general or violent recidivism in both male and female juvenile offenders. Most associations between dynamic (treatable) risk domains and recidivism were stronger in male juvenile offenders than in female juvenile offenders. In addition, most risk domains were more strongly related to general recidivism than to violent felony recidivism. For male juvenile offenders, neglect victimization was uniquely related to general recidivism whereas physical abuse victimization was uniquely related to violent recidivism, over and above dynamic risk factors for recidivism. For female juvenile offenders none of the maltreatment variables were uniquely related to general or violent felony recidivism. Conclusions: Childhood experiences of neglect and physical abuse predict reoffending in male juvenile offenders, pointing at a possible need to address these in risk management interventions.

Comment. Continuing a more nuanced approach to how we consider “risk factors” and their impact on recidivism.

Relevance to Adolescent Practice Guidelines. Section D. Foundational Points; Section E. Assessments of Adolescents Who Have Sexual Abused; Section F. Treatment Interventions

---

**Viljoen, J. L., Cochrane, D. M., & Johnson, M. R. (2018). Do risk assessment tools help manage and reduce risk of violence and reoffending? A systematic review. *Law and Human Behavior, Vol 42*, 181-214. <https://doi.org/10.1037/lhb0000280>**

Abstract. Although it is widely believed that risk assessment tools can help manage risk of violence and offending, it is unclear what evidence exists to support this view. As such, we conducted a systematic review and narrative synthesis. To identify studies, we searched 13 databases, reviewed reference lists, and contacted experts. Through this review, we identified 73 published and unpublished studies ( $N = 31,551$  psychiatric patients and offenders,  $N = 10,002$  professionals) that examined either professionals’ risk management efforts following the use of a tool, or rates of violence or offending following the implementation of a tool. These studies included a variety of populations (e.g., adults, adolescents), tools, and study designs. The primary findings were as follows: (a) despite some promising findings, professionals do not consistently adhere to tools or apply them to guide their risk management efforts; (b) following the use of a tool, match to the risk principle is moderate and match to the needs principle is limited, as many needs remained unaddressed; (c) there is insufficient evidence to conclude that tools directly reduce violence or reoffending, as findings are mixed; and (d) tools appear to have a more beneficial impact on risk management when agencies use careful implementation procedures and provide staff with training and guidelines related to risk management. In sum, although risk assessment tools may be an important starting point, they do not guarantee effective treatment or risk management. However, certain strategies may bolster their utility.

Comment. Tools with dynamic factors better inform treatment targets; important NOT to rely solely on risk assessment measures for effective risk management; critical to have training and guidelines re risk assessment/management; risk assessment measures can inform treatment when they are used properly)

Relevance to Adolescent Practice Guidelines: Section E. Assessments of Adolescents Who Have Sexual Abused

---

**Viljoen, J. L., Gray, A. L., Shaffer, C., Latzman, N. E., Scalora, M. J., & Ullman, D. (2017). Changes in J-SOAP-II and SAVRY scores over the course of residential, cognitive-behavioral treatment for adolescent sexual offending. *Sexual Abuse, 29*, 342–374. <https://doi.org/10.1177/1079063215595404>**

Abstract. Although the Juvenile Sex Offender Assessment Protocol–II (J-SOAP-II) and the Structured Assessment of Violence Risk in Youth (SAVRY) include an emphasis on dynamic, or modifiable factors, there has been little research on dynamic changes on these tools. To help address this gap, we compared admission and discharge scores of 163 adolescents who attended a residential, cognitive-behavioral treatment program for sexual offending. Based on reliable change indices, half of youth showed a reliable decrease on the J-SOAP-II Dynamic Risk Total Score and one third of youth showed a reliable decrease on the SAVRY Dynamic Risk Total Score. Contrary to expectations, decreases in risk factors and increases in protective factors did not predict reduced sexual, violent nonsexual, or any reoffending. In addition, no associations were found between scores on the Psychopathy Checklist: Youth Version and levels of change. Overall, the J-SOAP-II and the SAVRY hold promise in measuring change, but further research is needed.

Comment. Change in dynamic variables was not correlated with recidivism, discharge assessment no more accurate than initial assessment with respect to recidivism (perhaps more evidence regarding difficulty trying to predict future sexual offending; perhaps more evidence that treatment leads to important changes in dynamic risk factors; perhaps more evidence regarding our ability to measure treatment impact).

Relevance to Adolescent Practice Guidelines: Section E. Assessments of Adolescents Who Have Sexual Abused

---

**Weisz, J. R., Kuppens, S., Ng, M. Y., Eckshtain, D., Ugueto, A. M., Vaughn-Coaxum, R., Jensen-Doss, A., Hawley, K. M., Marchette, L. S. K., Chu, B. C., Weersing, V. R., & Fordwood, S. R. (2017). What five decades of research tells us about the effects of youth psychological therapy: A multilevel meta-analysis and implications for science and practice. *American Psychologist*, 72, 79-117.**  
<https://doi.org/10.1037/a0040360>

Abstract. Across 5 decades, hundreds of randomized trials have tested psychological therapies for youth internalizing (anxiety, depression) and externalizing (misconduct, attention deficit and hyperactivity disorder) disorders and problems. Since the last broad-based youth meta-analysis in 1995, the number of trials has almost tripled and data-analytic methods have been refined. We applied these methods to the expanded study pool (447 studies; 30,431 youths), synthesizing 50 years of findings and identifying implications for research and practice. We assessed overall effect size (ES) and moderator effects using multilevel modeling to address ES dependency that is common, but typically not modeled, in meta-analyses. Mean post-treatment ES was 0.46; the probability that a youth in the treatment condition would fare better than a youth in the control condition was 63%. Effects varied according to multiple moderators, including the problem targeted in treatment: Mean ES at post-treatment was strongest for anxiety (0.61), weakest for depression (0.29), and nonsignificant for multi-problem treatment (0.15). ESs differed across control conditions, with “usual care” emerging as a potent comparison condition, and across informants, highlighting the need to

obtain and integrate multiple perspectives on outcome. Effects of therapy type varied by informant; only youth-focused behavioral therapies (including cognitive-behavioral therapy) showed similar and robust effects across youth, parent, and teacher reports. Effects did not differ for Caucasian versus minority samples, but more diverse samples are needed. The findings underscore the benefits of psychological treatments as well as the need for improved therapies and more representative, informative, and rigorous intervention science.

Comments. Adds to the argument that current studies show that psychotherapy for youth has empirical support across a wide array of behavior problems. Stresses the importance of collecting that information from the youth and caregivers.

Relevance to Adolescent Practice Guidelines. Section F. Treatment Interventions

---

**Wolak, J., Finkelhor, D., Walsh, W., & Treitman, L. (2018). Sextortion of minors: Characteristics and dynamics. *Journal of Adolescent Health, 62*, 72–79. <https://doi.org/10.1016/j.jadohealth.2017.08.014>**

Purpose. Sextortion (threats to expose sexual images to coerce victims to provide additional pictures, sex, or other favors) has been identified as an emerging online threat to youth, but research is scarce. We describe sextortion incidents from a large sample of victims (n = 1,385) and examine whether incidents occurring to minors (n = 572) are more or less serious than those experienced by young adults (n = 813).

Methods. We ran advertising campaigns on Facebook to recruit victims of sextortion, ages 18–25, for an online survey. We use cross tabulations and logistic regression to analyze incidents that began when 18- and 19-year-old respondents were minors (ages 17 and younger) and compare them with incidents that began at ages 18–25 years. Most minor victims were female (91%) and aged 16 or 17 when incidents started (75%).

Results. Almost 60% of respondents who were minors when sextortion occurred knew perpetrators in person, often as romantic partners. Most knowingly provided images to perpetrators (75%), but also felt pressured to do so (67%). About one-third were threatened with physical assaults and menaced for >6 months. Half did not disclose incidents, and few reported to police or websites. Perpetrators against minors (vs. adults) were more likely to pressure victims into producing initial sexual images, demand additional images, threaten victims for >6 months, and urge victims to harm themselves.

Conclusions. Sextortion incidents were serious victimizations, and often co-occurred with teen dating violence. We describe resources so that practitioners can help victims find support and legal advice and remove posted images.

Comment. This paper describes the use of online sexual images to coerce young people to provide additional sexually explicit images or to engage in coerced sexual behavior, described as a threat to the emotional and sexual health of young people.

Relevance to Adolescent Practice Guidelines. Section E. Assessments of Adolescents Who Have Sexual Abused; Section F. Treatment Interventions

---

**Worling, J. R., & Langton, C. M. (2015). A prospective investigation of factors that predict desistance from recidivism for adolescents who have sexually offended.** *Sexual Abuse: A Journal of Research and Treatment*, 27, 127–142. <https://doi.org/10.1177/1079063214549260>

Abstract. Current approaches to violence risk assessment are focused on the identification of factors that are predictive of future violence rather than factors that predict desistance. This is also true for the popular tools designed to predict adolescent sexual recidivism. Research on strengths-based variables with adolescents who have sexually offended that could serve a protective function is only recently underway. In the current prospective study, scores from clinician-completed assessments using the Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR) and the parent-completed form of the Behavioral and Emotional Rating Scale (BERS-2) were evaluated in a sample of 81 adolescent males with at least one sexual offense. As expected, the ERASOR was significantly correlated with sexual recidivism over an average 3.5-year follow-up. In terms of a protective function, the Affective Strength scale of the BERS-2 was significantly negatively correlated with sexual recidivism, although it did not have incremental validity over and above the ERASOR. The BERS- 2 School Functioning scale was significantly negatively correlated with nonsexual recidivism. The results are discussed in terms of previous findings and theoretical work on attachment in sexual offending behavior and implications for risk assessment practice.

Comment. This paper describes and supports the role of protective factors in assessing and protecting against sexual recidivism.

Relevance to Adolescent Practice Guidelines. Section D. Foundational Points; Section E. Assessments of Adolescents Who Have Sexual Abused; Section F. Treatment interventions

---

**Yoder, J. R., Hansen, J., & Lobanov-Rostovsky, C. (2018). A framework for the judicious use of the polygraph for youth who have committed a sexual crime.** *Victims & Offenders*, 13, 48-65. <https://doi.org/10.1080/15564886.2017.1289994>

Abstract. Among professionals working with youth who commit sexual crimes, there is a clear chasm between proponents and opponents of post-adjudication polygraph testing. Polygraph use for juveniles is an issue at the forefront of conversation in the state of Colorado, as the Sex Offender Management Board has evolved on positions. Drawing on extant research base, they have conducted a state-level evaluation in Colorado to inform further determinations. Using probation files of youth adjudicated of a sexual crime (N = 62), regression models were run. Youths' significant reactions on a polygraph test were statistically significantly associated with more disclosures. Nonsignificant reactions, significant reactions, inconclusive results, and more disclosures were statistically,

significantly associated with more polygraph testing. Finally, youth with nonsignificant reactions were five times more likely to successfully complete treatment, but test results and number of tests were not associated with recidivism outcomes. A framework for the judicious use of the polygraph is proposed.

Comment. The paper presents a model for careful and appropriate use of the polygraph in work with adolescents, recognizing the use of the polygraph even though ATSA has recommended against its use. The paper provides a well-considered view in the event that the polygraph is used with juveniles.

Relevance to Adolescent Practice Guidelines. Section E. Assessments of Adolescents Who Have Sexual Abused; Section F. Treatment Interventions

---

**Yoder, J. R., Leibowitz, G. S., & Peterson, L. (2018). Parental and peer attachment characteristics: Differentiating between youth sexual and non-sexual offenders and associations with sexual offense profiles.** *Journal of Interpersonal Violence, 33*, 2643-2663.

<https://doi.org/10.1177/0886260516628805>

Abstract. Attachment deficits have been suggested as an etiological explanation underlying the development of sexually abusive behaviors and general delinquency among youth. Yet, few researchers have explored the discriminating functions of attachment characteristics or investigated attachments as a stand-alone risk/protective factor explaining offending profiles among youth sexual offenders. This article explored the differences in characteristics of parental and peer attachments between youth sexual (n = 355) and non-sexual offenders (n = 150). Furthermore, associations between family and peer attachments and criminal profiles of sexual offenders were tested. The t-test results revealed that the groups of youth differed on various mother and father attachment characteristics, with youth sexual offenders exhibiting greater deficits. Regression models revealed lower levels of mother and peer trust and communication were associated with more severe sexual offenses; low levels of mother trust were associated with more victims; and low levels of mother trust and high father alienation were associated with more non-sexual criminality. Practice implications suggest the need to amalgamate families more consistently into treatment and addressing peer dynamics within groups and community contexts.

Comment. This study focuses on the indirect effects of attachment insecurities on problematic sexual behavior in adolescents, and recognizes and treats juvenile sexually abusive behavior as multi-causal, with important interplay between individual, familial, environmental, social, and other drivers, but focuses on the indirect effects of attachment insecurities on problematic sexual behavior. It reveals greater parental attachment deficits among sexually abusive youth when compared to juvenile non-sexual offenders, and concludes that social isolation is a key risk factor in the development of sexually abusive behaviors among youth, related also to early attachment experiences. The article stresses the importance of family therapy in applying ideas about building more secure attachments, and the

value of an attachment-approach through group therapy and building prosocial interpersonal skills and positive peer attachments.

Relevance to Adolescent Practice Guidelines. Section E. Assessments of Adolescents Who Have Sexual Abused; Section F. Treatment Interventions

---

**Zeng, G., Chu, C.M., Koh, L.L., & Teoh, J. (2015). Risk and criminogenic needs of youth who sexually offended in Singapore: An examination of two typologies. *Sexual Abuse: A Journal of Research and Treatment*, 27, 479-495. <https://doi.org/10.1177/1079063213520044>**

Abstract. An increasing amount of research has been carried out to understand the characteristics of subgroups of adult sex offenders, but there is limited research into the risk factors and criminogenic needs of subgroups of youth who sexually offended. The current study investigated if there were differences in the risk and criminogenic needs of 167 Singaporean youth who sexually offended based on two typologies - youth who offended both sexually and non-sexually versus youth who offended only sexually, and youth who offended against child victims versus youth who offended against non-child victims. Results show that youth who offended both sexually and nonsexually were found to have higher risk and criminogenic needs as compared to youth who only sexually offended. In addition, youth who offended against child victims were found to have higher numbers of previous sexual assaults as compared to youth who offended against non-child victims. These differences have implications for the management and intervention of youth who sexually offended.

Comment. The benefits of typology research include identifying key constructs for assessment and identifying unique risk and needs that should be targeted in treatment. The authors suggest that intervention efforts likely to be more effective and efficient through targeting treatment and supervision by subtype.

Relevance to Adolescent Practice Guidelines. Section D. Foundational Points; Section F. Treatment Interventions