The recently enacted Adam Walsh Child Protection and Safety Act will expand and standardize the registration of adolescent sex offenders. To evaluate the effectiveness of this and similar legislation, the authors assessed 91 juvenile males who had been adjudicated for a sexual felony offense and 174 juvenile males who had no history of sexual offending with several risk measures. On admission to treatment, all participants were assessed with the Psychopathy Checklist: Youth Version (PCL:YV; A. E. Forth, D. Kosson, & R. D. Hare, 2003). The Juvenile Sex Offender Assessment Protocol–II (J-SOAP–II; R. A. Prentky & S. Righthand, 2003), 3 state-developed risk protocols (from Wisconsin, Texas, and New Jersey), and the tier designation embedded in the federal Sex Offender Registration and Notification Act of 2006 (SORNA) were coded from the sex offender participants’ records. Participants were followed for an average of 71.6 months (SD = 18.1 months) to determine charges for general, violent, and sexual offenses. Results showed inconsistencies in risk designations between the J-SOAP–II, SORNA tier, and state risk measures, and none, except for the PCL:YV, significantly predicted new general, violent, or sexual offense charges. Policy and legal implications concerning the assessment of adolescent sex offenders are discussed.

Keywords: sex offender registration, Adam Walsh Act, adolescent sex offenders, Psychopathy Checklist: Youth Version, risk assessment

On July 27, 2006, President Bush signed the Adam Walsh Child Protection and Safety Act into law. The Adam Walsh Act has seven different titles. Title I of the Adam Walsh Act, entitled the Sex Offender Registration and Notification Act (SORNA), provides a comprehensive set of minimum standards addressing sex offender registration and notification to be implemented in each jurisdiction by July 27, 2009. Failure to substantially comply with the law will result in a 10% reduction in funding under the Byrne Justice Assistance Grant. The act gained...
bipartisan support in the United States House of Representatives, where it garnered 88 cosponsors and passed with 371 “yea” votes, with 52 “nay” votes (GovTrack.us, 2007). When fully implemented in 2009, SORNA will become the latest in a series of state and federal laws that will place adjudicated sex offenders on a public registry. Information available to the public through the registry will include a personal description and information on residence, employment, school, offense history, and other information. Since 1996, federal law has required every state to enact some form of sex offender registration and community notification legislation in order to receive a full allotment of federal anticrime funds. At least 33 states have included juvenile offenders in these laws, either on the basis of a juvenile adjudication or after a conviction in criminal court (Garfinkle, 2003). The stated purpose of SORNA is to protect the public from sex offenders. SORNA is intended to create a more uniform registration and notification system across states and establish a national registry publicly available through the Internet.

SORNA departs from previous federal legislation in several respects. First, it requires states to participate in a national sex offender registration and notification database that will include juveniles. Juvenile offenders who offend after their 14th birthday and who were adjudicated delinquent for a crime comparable to or more severe than aggravated sexual abuse as defined in federal law (Sexual Abuse Act of 1986) will be included in the registry.

Second, SORNA establishes a tiered system that is used to determine the length of time an individual will be required to register. Under the SORNA tiers, offenders are required to register based solely on the offense committed without regard to a determination of future risk. Tier 1 is reserved for misdemeanor offenders serving less than a 1-year sentence; Tier 2 is reserved for the majority of felony sexual abuse and exploitation crimes; and Tier 3 is reserved for forcible felony sex crimes, as well as sexual contact crimes that involve victims under the age of 12. Duration of the registration requirement of sex offenders is 10 years, 25 years, and lifetime for Tiers 1 through 3, respectively. By definition, all juvenile sex offenders included under SORNA would qualify to be placed on the Tier 3 level.

In addition, SORNA departs from traditional juvenile justice and traditional civil regulatory practice in several ways. SORNA includes a provision that redefines juvenile court adjudication for a sexual offense as synonymous with conviction, thus departing from a distinction between adolescent and adult misconduct that has shaped juvenile justice policy for more than a century. In this way, SORNA represents a significant step in continuing the general trend of treating juvenile offenses as equivalent to adult crimes (Garfinkle, 2003; Grisso & Schwartz, 2003). Furthermore, individuals subject to SORNA registration will be required to submit to a search of person or property at any time, with or without a warrant, on the basis of a reasonable suspicion of a violation of probation or unlawful conduct. As applied to juveniles, this provision could alter fundamental protections afforded them by the Fourth Amendment of the United States Constitution for the remainder of their lives.

Despite the legislative popularity of sex offender registration measures, there is considerable discussion about their effectiveness (Caldwell, 2002; Edwards & Hensley, 2001; Garfinkle, 2003; Letourneau & Miner, 2005; Levenson, 2003; Levenson & Cotter, 2005a, 2005b; McGinnis & Prescott, 2007; Redlich, 2001;
Studies have documented that sex offender registration applied to adult offenders is not without cost. Registration has been found to have a variety of negative collateral consequences for the registrant that include impeding employment and housing, disrupting supportive relationships, and subjecting the registrant to social harassment and rejection (Levenson, 2003; Levenson & Cotter, 2005a, 2005b; Redlich, 2001; Tewksbury, 2002, 2004, 2005; Zevitz & Farkas, 2000). Thus, the current literature suggests that sex offender registration and public notification has a cost in impeding the community reintegration of the offender, which may increase their risk of recidivism.

Extant research has not supported the effectiveness of sex offender registration and notification at reducing recidivism with adults (Adkins, Huff, & Stageberg, 2000; Barnoski, 2005; Levenson, D’Amora, & Hern, 2007; Schram & Milloy, 1995; Walker, Maddan, Vasquez, VanHouten, & Ervin-McLarty, 2005; Welchans, 2005; Zevitz, 2006). Unfortunately, empirically based studies of the effectiveness of sex offender policies implemented with juveniles are virtually absent from the literature. Sex offender registration laws applied to juvenile sex offenders are grounded in several assumptions about the nature and persistence of juvenile sexual offending. Juvenile sex offenders are assumed to pose a distinctly high risk for future sexual violence when compared with non–sex-offending delinquents. These laws are assumed to target a narrowly drawn and distinct class of delinquents identifiable on the basis of a characteristic (sexual offense adjudication) hypothesized to predict future sexual violence. Under SORNA and other state registries, it is assumed that higher risk juvenile sex offenders can be identified by the characteristics of their offenses or with specialized risk assessment measures.

Letourneau and Miner (2005) have argued that three faulty assumptions serve as the basis for the trend toward harsher sanctions and restrictive management of juvenile sex offenders: (a) that juvenile sex offending is at epidemic levels, (b) that juvenile sexual offenders have more in common with adult sex offenders than with other delinquents, and (c) that juvenile sex offenders are at exceptionally high risk for sexual recidivism. None of these assumptions are supported by empirical evidence.

The assumption that juvenile sex offenders are distinct from other delinquents rests in large part on a small number of studies that have found that juvenile sex offenders differ from non–sex-offending delinquents on individual, family, peer, and school variables (Becker, 1998; Blaske, Borduin, Henggeler, & Mann, 1989; Letourneau, Schoenwald, & Sheidow, 2004). It is not clear whether the perceived differences between these two groups are due to unique characteristics of juvenile sexual offenders as a group or to differential handling of sexual offenders by the court system. In addition, evidence supporting this distinction is offset by a substantial body of research that has not found significant differences in historical or reoffense variables between the two groups (Boyd, Hagan, & Cho, 2000; Caldwell, 2007; Ford & Linney, 1995; Jacobs, Kennedy, & Meyer, 1997; Jonson-Reid & Way, 2001; Miner, 2002; Moody, Brissie, & Kim, 1994; Oliver, Hall, & Neuhaus, 1993). In addition, findings that sex offenders differ from general delinquents do not demonstrate that factors associated with adolescent sexual offending will predict persistent sexual offending into adulthood (Nisbet, Wilson,
& Smallbone, 2004). It may well be that factors that predict the onset of sexual misconduct in adolescence differ from those that predict persistent sexual offending in adulthood.

Although limited, studies that have compared juvenile sex offenders with non–sex-offending delinquents have not found significant differences in their rates of sexual recidivism. For example, in a study of three birth cohorts from Racine, Wisconsin, Zimring, Piquero, and Jennings (2007) found no significant difference in sexual recidivism rates between juveniles with sex offense histories and those with nonsexual juvenile police contacts. Similarly, Caldwell (2007) reported no significant difference in the rate of adult sexual offense charges between 249 juvenile sex offenders and 1,780 non–sex-offending delinquents over a 5-year follow-up.

Risk Assessment of Adolescent Sex Offenders: General and State-Specific Approaches

Base rates of detected sexual recidivism among juvenile sex offenders have tended to be low (Caldwell, in press). Recognizing this, some states have limited the application of sex offender registration to select juveniles meeting statutorily defined risk criteria or those assessed as high risk on assessment instruments. Such strategies are assumed to narrow the application of these laws to more serious and high-risk juveniles (Gonzales, 2007). Statutory strategies identify a subgroup of juvenile sex offenders on the basis of their age at the time of the offense or the characteristics of their offenses (as with SORNA). Other states employ risk assessment protocols that are widely available or have been developed by the state to predict sexual recidivism.

One widely accepted protocol to evaluate adolescent sex offenders is the Juvenile Sex Offender Assessment Protocol—II (J-SOAP–II; Prentky & Righthand, 2003). The original J-SOAP item pool was generated through a review of available adult and juvenile literature (Prentky, Harris, Frizzell, & Righthand, 2000), with items scored on a 3-point scale (0, 1, or 2). The construction sample consisted of 96 male juvenile sex offenders drawn from a treatment program. Twelve-month follow-up data were available for 75 of the 96 participants, 3 of whom sexually reoffended. The scale did not predict sexual recidivism in the development study, possibly because of the low sexual recidivism rate. The scale underwent two major revisions to improve reliability, resulting in the current 28-item measure divided into four scales: (1) Sexual Drive/Sexual Preoccupation; (2) Impulsive, Antisocial Behavior; (3) Clinical Intervention; and (4) Community Stability (Prentky & Righthand, 2003). The Rhode Island Department of Children, Youth and Families and the Wisconsin Department of Corrections, Division of Juvenile Corrections have adopted the J-SOAP–II as a mandated component of their assessment processes for youth who have committed sex offenses. The J-SOAP–II is not specifically intended to be used to determine registration, and in both states the J-SOAP–II is scored to inform community supervision and treatment planning decisions.

Only a few completed studies have evaluated the psychometric properties of the J-SOAP. In a study of 153 boys using a precursor of the J-SOAP–II, Righthand and her colleagues (2005) found that the Youth Level of Service/Case
Management Inventory (YLS/CMI; Hoge & Andrews, 1994), a delinquency risk and treatment needs assessment instrument, correlated with J-SOAP total \( r = .91 \), Scale 1 \( r = .37 \), Scale 2 \( r = .81 \), Scale 3 \( r = .88 \), and Scale 4 \( r = .91 \) scores. In addition, Scale 1 was significantly correlated with the total number of prior sex offenses \( r = .36 \), the number of sex offense victims \( r = .64 \), and the degree of sexual aggression \( r = .27 \), and Scale 2 was significantly correlated with the prior number of general offenses \( r = .30 \), total number of sex offense victims \( r = .27 \), and degree of sexual aggression \( r = .29 \).

The predictive utility of the J-SOAP–II for sexual recidivism has not yet been established. In a 10-year follow-up study of 261 delinquent males, Waite et al. (2005) found that a modified J-SOAP–II Scale 2 (i.e., 8 of the 11 items were rated) was significantly associated with general recidivism but not sexual offending. More recently, Martinez, Flores, and Rosenfeld (2007) reported that the J-SOAP–II total score and Dynamic Summary scale (which incorporates Scales 3 and 4 to assess treatment response and community adjustment) significantly predicted sexual recidivism in a group of 60 urban, mostly minority adolescent male sexual offenders. In a series of regression analyses, the Dynamic Summary scale provided a significant contribution to the prediction of sexual reoffense beyond the Static Summary scale (which incorporates Scales 1 and 2 to assess previous sexual offending and other antisocial behaviors). The Static Summary scale, however, did not predict sexual reoffense. Similarly, in a study of 169 male juvenile sex offenders, Viljoen and her colleagues (2008) reported that the J-SOAP–II scale scores did not predict sexual aggression during treatment or during a 6.6-year follow-up. In contrast, in a study of 156 sex-offending adolescent males, Parks and Bard (2006) found that one of the two components of the Static Summary scale (the Impulsive/Antisocial Behavior scale) significantly predicted sexual recidivism but the Dynamic Summary scale components were unrelated to sex offending.

Three states (Wisconsin, Texas, and New Jersey) have sex offender registration laws that contain elements similar to SORNA and have created their own risk tools to improve classification when evaluating juvenile sex offenders. Each of these state risk assessment protocols was developed with the input of one or more experts in the field and relied heavily on risk factors derived from studies of adult offenders (see Table 1 for a listing of the items on each measure). These measures mirror the sex offender registration laws that include certain juveniles and employ some form of risk assessment or tiers to inform or determine the specific requirements of registration and notification. Thus, all three are designed to assess the same underlying trait: the propensity for sexual recidivism. Not surprisingly, these measures contain several overlapping items, including level of force or seriousness of sexual offenses, characteristics of the victims, and the degree of nonsexual offending.

The New Jersey and Wisconsin measures include some items devoted to treatment compliance and response. The New Jersey Registrant Risk Assessment Scale (RRAS; Codey & Harvey, 2007) was developed by a panel of experts assembled by the Office of the Attorney General. The risk measure generates a total risk score that is matched to a category of risk that determines the tier of registration and community notification. In response to a 2001 New Jersey Supreme Court decision, the Office of the Attorney General developed a juvenile
risk scale by slightly revising the RRAS. The resulting 14-item Juvenile Risk Assessment Scale (JRAS; Office of the Attorney General, 2006) retained 13 items from the RRAS and added 1 item (victim gender). The coding of 2 items was slightly modified, and the scales and weights of the RRAS were dropped. The measures are completed by the prosecutor, and the result, although subject to judicial review, is considered binding.

By contrast, the Wisconsin Department of Corrections Guidelines for Release of Confidential Information on Persons Committing Sex Offenses as Youth (WDOC; Wisconsin Department of Corrections, 2006), and the Texas Juvenile Sex Offender Risk Assessment Instrument (TJSORAI; Texas Department of Criminal Justice, 2005) are intended to be advisory. The TJSORAI, completed by correctional staff, is the latest of several measures developed in response to a legislative mandate that requires a numeric risk level be assigned to all registered sex offenders. Although the total score corresponds to a risk level, the final assignment of a registration tier is the responsibility of a judge. The WDOC was developed in response to legislation allowing local law enforcement to determine the breadth of notification to the community regarding a juvenile sex offender

Table 1

| Items on the New Jersey Registrant Risk Assessment Scale (RRAS), Wisconsin Department of Corrections Guidelines for Release of Confidential Information on Persons Committing Sex Offenses as Youth (DOC), and Texas Juvenile Sex Offender Risk Assessment Instrument (TJSORAI) |
|---|---|---|
| **New Jersey RRAS** | **WDOC** | **TJSORAI** |
| **1. Seriousness of offense scale** | Number of charged sexual offenses | Seriousness of offense | Use of a weapon |
| Degree of force | Number of victims | Use of a weapon | Age at first referral |
| Degree of contact | Duration of sex offense history | | |
| Age of victim | Other nonsexual antisocial behaviors | Prior sex offense adjudications | |
| **2. Offense history scale** | Any stranger victims | Prior referrals for sex offense | |
| Victim selection | Evidence of deviant sexual arousal | Prior adjudications for felony offenses | |
| Number of offenses/victims | Deception, planning, or grooming of victim | Prior felony referrals | |
| Duration of offensive behavior | Treatment compliance | | |
| Length of time since last offense | Stability of living situation | | |
| History of antisocial acts | Stability of living situation | | |
| **3. Characteristics of offender** | | | |
| Response to treatment | | | |
| Substance abuse problems | | | |
| **4. Community support scale** | | | |
| Therapeutic support | | | |
| Residential support | | | |
| Employment/educational stability | | | |

Table 1 includes a comparison of the items on the New Jersey Registrant Risk Assessment Scale (RRAS), the Wisconsin Department of Corrections Guidelines for Release of Confidential Information on Persons Committing Sex Offenses as Youth (WDOC), and the Texas Juvenile Sex Offender Risk Assessment Instrument (TJSORAI). The table outlines the key components of each assessment, highlighting the differences and similarities in how risk is assessed for juvenile sex offenders in these jurisdictions.
who is released to the community. The measure does not produce a numeric score or risk level. Instead, a risk level for each item is checked. The measure is intended as a guide to assist Department of Corrections staff in advising local law enforcement about the extent of community notification.

The Association Between Juvenile Sex Offending and Psychopathy Features

Psychopathy is defined by a constellation of affective, interpersonal, and behavioral characteristics that include egocentricity; shallow emotions; lack of empathy, guilt, or remorse; a behavioral pattern of impulsivity; irresponsibility; lying and manipulating others; and the repeated violation of social rules and expectations (Hare, 1991). Psychopathy has been associated with a variety of antisocial and maladaptive behaviors (Leistico, Salekin, Decoster, & Rogers, 2008). Features of psychopathy have often been associated with persistent sexual offending in adult offenders, particularly when associated with sexual deviance (Quinsey, Rice, & Harris, 1995; Serin, Malcolm, Khanna, & Barbaree, 1994; Seto & Barbaree, 1999). Studies of the utility of psychopathy features in predicting future sexual offending in adolescents have produced inconsistent results when measured by the Psychopathy Checklist: Youth Version (PCL:YV; Forth et al., 2003). In an early study, Forth (1995) reported that adolescent males with high PCL:YV scores were more likely to have engaged in sexually aggressive behavior. In contrast, Brown and Forth (1997) reported no relationship between a history of sexual offending and PCL:YV scores. McBride (1998) found that PCL:YV total scores were not related to the incidence of previous sex crimes. Others have found some predictive utility in facets of the PCL:YV, but not the total score. For example, Auslander (1998) found that the Interpersonal and Affective components of psychopathy were inversely related to the prevalence of sexual recidivism in 124 juvenile sex offenders. By contrast, using a Cox proportional hazard procedure, Parks and Burke (2006) reported that the Interpersonal facet of the PCL:YV significantly predicted sexual recidivism in a group of 156 juvenile sex offenders.

Other studies of psychopathy and offending in adolescent offenders produced similarly inconsistent results. In a study of 220 juvenile sex offenders, Gretton and her colleagues examined the relationships among recidivism patterns, phallometrically measured sexual deviance, and PCL:YV scores (Gretton, Mcbride, Hare, O'Shaughnessy, & Kumka, 2001). The participants were divided into three groups on the basis of PCL:YV total scores (low = 0 to 18, medium = 19 to 29, and the high group scored 30 or higher). Offenders in the high group had significantly higher rates of general, violent, and sexual offenses when compared with the low group. However, when offense history and age at index offense were entered first into a stepwise Cox regression equation, PCL:YV scores no longer contributed significantly to the prediction of sexual offending. In a separate study, Gretton, Hare, and Catchpole (2004) relied on the same PCL:YV grouping strategy with 157 male adolescent offenders. The high PCL:YV group (n = 34) included only 2 boys with any known history of sex offending. Although the high PCL:YV group had over double the prevalence rate of sexual offending compared with the other two groups (21% vs. 9% and 7% for the high, medium, and low
groups, respectively), there were no significant group differences for sexual offenses over a 10-year follow-up.

In considering the utility of these studies, it is essential to consider their results in light of methodological limitations. For instance, each study scored the PCL:YV on the basis of a file review, which may have decreased the scoring reliability of some items. Second, rates of sexual recidivism were relatively low, ranging from 8% (Auslander, 1998) to 15% (Gretton et al., 2001). Finally, all studies, save for Auslander (1998), reported moderate mean PCL:YV total scores (i.e., 16 to 23). As a result, a relatively small number of participants scored in the higher PCL:YV range. If psychopathy features play an important role in persistent sexual offending when they are more pronounced, studies that include relatively few participants with higher PCL:YV scores may lack sufficient power to detect that relationship.

The Present Study

Despite widely adopted statutes that impose substantial restrictions on juvenile sex offenders in the hope of reducing sexual offending, the risk that juvenile sex offenders pose for future sex offending is not well understood. There are some indications that juvenile sex offenders may not pose a greater risk for sexual recidivism than general delinquents who are not subject to registration laws. An additional question concerns whether risk measures for adolescent sex offending can predict such a low base rate event reliably. More generally, features of psychopathy appear to have some utility for predicting violent recidivism, but psychopathy’s efficiency in predicting sexual recidivism in adolescents is not established because of limited research plagued by inconsistent results.

The current study was designed to address three interrelated issues. First, the study was intended to examine whether juveniles adjudicated for a sexual offense differ in their reoffense patterns from non–sex-offending delinquents. This issue is of fundamental importance to sex offender registration and notification laws and warrants further examination. A second purpose of the study was to examine the predictive utility of methods commonly used to assess the risk of sexual recidivism in juvenile sex offenders, including risk measures currently in use and the statutory inclusion criteria embedded in SORNA. If such factors are predictive of juvenile sex offending, then policies designed to reduce sexual recidivism may have merit. However, if the tier system and measures are flawed, these results would have significant implications for policy decisions designed to reduce sexual recidivism. Third, the study was undertaken to examine the predictive utility of the PCL:YV in predicting sexual recidivism.

Method

Participants

This study included 91 juvenile males who were treated in a secured correctional treatment program after being adjudicated for a sexual felony offense. An additional group of 174 juvenile males who were treated in the same program during the same time period, but who had never been referred, charged, or adjudicated for a sexual offense, was included in the study. Thirty-eight percent
of the sex offender participants were African American, 52% were White, and 10% belonged to Asian, Native American, or other ethnic groups. Among the non–sex-offending participants, 53% were African American, 39% were White, and 8% belonged to other ethnic groups. The difference in racial makeup between the two groups was not significant ($F = 2.87, ns$). Participants’ mean age on admission to the program was 15.4 years ($SD = 1.9$ years). Participants were followed for an average of 71.6 months ($SD = 18.1$ months) to determine the rates of new charges for general, violent, and sexual offenses.

**Measures and Instruments**

All participants had been assessed with the PCL:YV (Forth et al., 2003) on admission to the program. For this study, the treatment records of participants who were sex offenders were coded using the J-SOAP–II (Prentky & Righthand, 2003), the WDOC (Wisconsin Department of Corrections, 2006), the RRAS (Codey & Harvey, 2007), the JRAS (Office of the Attorney General of New Jersey, 2006), and the TJSORAI (Texas Department of Criminal Justice, 2005). The sex-offending participants’ adjudicated sex offenses were compared with the SORNA juvenile inclusion criteria and coded as included or excluded from SORNA Tier 3.

*Psychopathy Checklist: Youth Version.* The PCL:YV (Forth et al., 2003) was used to assess features of psychopathy. The PCL:YV is a rater-based instrument consisting of 20 items, each of which is rated for its degree of match to the youth (0, 1, or 2). The PCL:YV possesses reasonably good interrater reliability (Forth & Burke, 1998) and moderate predictive utility for violence (Edens, Skeem, Cruise, & Cauffman, 2001; Gretton et al., 2001, 2004) and institutional misbehavior (Kaplan & Cornell, 2004; Stafford & Cornell, 2003). Forth and Burke (1998) reported acceptable levels of internal consistency across several studies (mean $r = .83$). The PCL:YV was completed for all participants at the time of admission to treatment and was based on both the semistructured interview and a complete review of collateral records. Ratings were completed by a licensed psychologist trained in the PCL system and two bachelor’s-level counselors. Two raters scored each participant, discussed any differences in scores, and generated a consensus final score. Independent ratings of a subgroup of 50 offenders manifested acceptable rates of interrater reliability (total score ICC = .93).

*Juvenile Sex Offender Assessment Protocol—II.* Perhaps the most widely used juvenile sex offender risk assessment protocol is the J-SOAP–II (Prentky & Righthand, 2003). The J-SOAP–II is an examiner-rated measure containing 28 items assembled into four scales: (1) Sexual Drive/Sexual Preoccupation; (2) Impulsive, Antisocial Behavior; (3) Clinical Intervention; and (4) Community Stability. Examiners rate each item from 0 to 2 to reflect the degree of their presence or absence on the basis of multiple sources of information. Coding instructions for each item are provided, and behavioral examples and anchors are used to increase clarity and reliability. Scale and total scores are obtained by calculating the mean item score for each scale. Righthand and her colleagues (2005) reported interrater reliability values of .90, .91, .80, and .83 for Scales 1
through 4, respectively, and Cronbach alpha coefficient values of .64, .88, .95, and .80 for Scales 1 through 4, respectively.

For the purposes of this study, the J-SOAP–II was coded on the basis of corrections and treatment records. Consistent with the instructions in the manual, the J-SOAP–II Scale 4 (Community Stability) was omitted because all participants had been in secured custody for 6 months or more. The sum of the item scores was used as the scale score in this analysis, and the total score was the sum of the three coded scale scores. Because the J-SOAP–II and the state risk measures were not designed or intended as sexual offense risk assessments for non–sex-offending delinquents, these measures were scored only for the sex offenders (n = 91). A subgroup of 18 (20%) of the participant records was scored by a second rater to determine interrater reliability. This procedure resulted in acceptable interrater reliability (Scale 1 ICC = .93, Scale 2 ICC = .84, and Scale 3 ICC = .86).

New Jersey Registrant Risk Assessment Scale and Juvenile Risk Assessment Scale. The New Jersey RRAS (Codey & Harvey, 2007) is a 13-item measure divided into four scales. Items are scored on a 3-point scale (0 = low risk, 1 = moderate risk, or 3 = high risk; there is no score of 2), with higher scores reflecting greater risk. Scales are weighted on a rationally derived system to ensure that offenders who have engaged in more violent or predatory offenses will obtain higher risk scores. Scale 1 (Seriousness of Offense) consists of 3 items and is weighted by a factor of 5 in calculating the total score, Scale 2 (Offense History) is made up of 5 items and is weighted by 3, Scale 3 (Characteristics of Offender) is a 2-item scale weighted by 2, and Scale 4 (Community Support) is a 3-item scale weighted by 1. For the purposes of this study, the scale scores consisted of the sum of the item scores without scale weighting, whereas the total score included the scale weights. The total score is directly converted to a tier designation. Scores between 0 and 36 are assigned to Tier 1, scores from 37 to 73 are assigned to Tier 2, and scores over 73 are assigned to Tier 3.

The JRAS is a slightly modified version of the RRAS (Office of the Attorney General of New Jersey, 2006) to be used with juveniles who are under age 18 at the time of the rating. Each of the 14 items is scored from 0 to 2. The item scores are totaled to determine risk tiers (low risk = 0 to 9; moderate risk = 10 to 19; high risk = 20 to 28). Interrater reliability for the total scores for both measures for 18 cases coded by a second rater was acceptable (ICC = .94).

Texas Juvenile Sex Offender Risk Assessment Instrument. The TJSORAI is a six-item scale. One item is scored 0 or 1, and the other five items are scored from 0 to 2. The total score is the sum of the item scores and relates to a risk range. Scores of 0 or 1 are in the low range, scores from 2 to 5 are in the moderate range, and scores of 6 to 13 are in the high range and are considered to indicate that the person poses a serious danger and will continue to engage in criminal sexual conduct (Texas Department of Criminal Justice, 2005). Interrater reliability was acceptable for the 18 cases coded (ICC = .89).

Wisconsin Guidelines for Release of Confidential Information on Persons Committing Sex Offenses as Youth. The WDOC (Wisconsin Department of Corrections, 2006) is a 10-item scale designed to classify risk. For the purposes of this study, each item was coded by assigning a score from 1 (low risk) to 3 (high risk) for each item risk category. The total score was calculated by summing
the item scores. The obtained interrater reliability for the 18 records coded by a second rater was acceptable (ICC = .93).

**Sex offender registration and notification act tier.** The majority of the sex offender participants (70.3%) met the criteria for inclusion under SORNA. With respect to the specific criteria, 82.4% \((n = 75)\) offended after their 14th birthday, and 81.3% \((n = 74)\) had been adjudicated for a crime comparable to or more severe than aggravated sexual abuse as defined in federal law (Sexual Abuse Act of 1986). The majority of these involved young child victims. Sex-offending participants had assaulted victims between the ages of 1 and 69, with 78% \((n = 71)\) victimizing individuals under the age of 12. Two victims were over age 60, and the remaining victims were under age 16. The mean victim age of the child victims that sex-offending participants had assaulted was 9.1 years \((SD = 3.9\) years). This is consistent with other studies that have determined that juvenile sex offenders are more likely to have victims that are close in age or younger than themselves as compared with adult sexual offenders (Craun & Kernsmith, 2006; Righthand & Welch, 2001).

**Recidivism/outcome data.** Data were collected from open records of all charges filed in a state circuit court during the follow-up period. The number of sexual and nonsexual misdemeanors, felonies, and violent offenses were recorded. To minimize underreporting due to plea bargaining, the original charge was considered in recording recidivism. Participants were followed for an average of 71.6 months after release from custody \((SD = 18.1\) months). The follow-up time of the two groups of participants did not differ significantly \((M = 72.1\) months, \(SD = 6.8\), for non–sex offenders and 70.6 months, \(SD = 29.4\), for the sex offenders, \(F = .43, ns\)).

**Data Analytic Strategy**

The concurrent validity of the state risk measures, the J-SOAP–II, and the SORNA tier designation were examined by calculating the correlations between the various scale scores, total scores, and (where relevant) risk tier designation. The predictive utility of the measures were then examined using a Cox proportional hazard analysis. The Cox procedure is a survival analysis that controls for varying time at risk between participants. For the survival analyses, we used the occurrence of a new felony sexual offense charge as the dependent variable for sexual offending. The occurrence of a violent or any new general charge in the follow-up period was analyzed separately as the relevant indicator of failure. The risk measures scale and total scores or their tier designations were individually entered as the predictor for each analysis. In addition, the predictive value of the PCL:YV total score and the designation as a juvenile sex offender were examined using the Cox procedure.

**Results**

**Relationships Among Risk Measures**

To evaluate concurrent validity, we evaluated interrelationships among the instruments and inclusion in SORNA. A complete listing of the correlations among the risk measures is presented in Table 2. This analysis found that SORNA
Table 2
Correlation Between Studied Risk Measures

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<td>.63***</td>
<td>-.18</td>
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<td>-.25*</td>
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<td>.39***</td>
<td>.28**</td>
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<td>.38***</td>
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<td>-.07</td>
<td>.24*</td>
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<td>.08</td>
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<td>-.09</td>
<td>.07</td>
<td>.71***</td>
<td>.36***</td>
<td>.02</td>
<td>-.33**</td>
<td>.48***</td>
<td>.54***</td>
<td>.57***</td>
<td>.74***</td>
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<td>-.18</td>
<td>-.01</td>
<td>.12</td>
<td>.25*</td>
<td>.39***</td>
<td>.49***</td>
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<td>-.02</td>
<td>.04</td>
<td>-.25*</td>
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<td>.29**</td>
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<td>10. RRAS Scale 3</td>
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<td>.18</td>
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<td>.49***</td>
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<td>.55***</td>
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<td>.55***</td>
<td>.66***</td>
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<tr>
<td>14. RRAS total</td>
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<td>.48***</td>
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<td>15. JRAS total</td>
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<td>.14</td>
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<tr>
<td>16. WDOC total</td>
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<tr>
<td>17. TJSORAI total</td>
<td>—</td>
<td></td>
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</tbody>
</table>


*p < .05.  **p < .005.  ***p < .001.
tier inclusion had no significant relationship with any of the J-SOAP–II scale scores. Of the three risk measures developed specifically by the states, the SORNA tier status was only significantly related to the New Jersey RRAS and JRAS tiers. In addition, the SORNA tier designation had a significant negative correlation with the PCL:YV total score. Although the state risk measures were designed to measure the same type of risk, for the most part, they were not significantly correlated. The New Jersey RRAS and JRAS total scores were positively correlated with the WDOC total score and the SORNA tier status. The TJSORAI tier, however, was significantly negatively correlated with the WDOC total and unrelated to the New Jersey RRAS and JRAS tiers and to SORNA tier status.

**Predictive Utility**

Table 3 shows the results of the Cox proportional hazard analyzes in which each risk measure was individually entered in the equation to predict new felony sexual offense charges. The prevalence rate of new felony sexual offense charges among the juvenile sex offenders (12.1%) was not significantly different from that of non–sex-offending delinquents (11.6%). Cox proportional hazard analysis revealed that the juvenile sex offenders were not more at risk for a new violent or sexual offense charge when compared with non–sexual-offending delinquents. However, juvenile sex offenders were significantly less likely to be charged with general offenses, $\chi^2 (1, N = 264) = 8.47, p < .005$. Sixty-nine percent of the juvenile sex offenders were charged with any new offense, whereas the comparable rate for non–sex-offending delinquents was 88.4%.

Likewise, none of the total scores or risk tiers on the J-SOAP–II and state-developed risk measures significantly predicted new sexual offense charges during the follow–up period. However, two subscales (the J-SOAP–II Scale 3 and the New Jersey RRAS Scale 4) significantly predicted new felony sexual offense charges. Notably, these scales each tap into dynamic variables related to treatment progress and community support.

The risk measures studied here fared no better with regard to more general offending. SORNA tier designation was unrelated to new charges for a general offense, $\chi^2 (1, N = 91) = 2.43, ns$. The SORNA tier designation did predict new charges for violent offenses, $\chi^2 (1, N = 91) = 4.61, p < .05$, but offenders captured by the SORNA tier designation had a lower rate of new violent offense charges than their non-SORNA designated counterparts. Of the participants qualifying for SORNA registration, 46.9% were charged with a new violent offense (including nonsexual and misdemeanor offenses), whereas 70.4% of the participants who were not eligible for SORNA registration were so charged. Similarly, the TJSORAI total score was inversely related to new violent offense charges, $\chi^2 (1, N = 91) = 8.50, p < .005$, and the New Jersey JRAS tiers were inversely related to general offense charges, $\chi^2 (1, N = 91) = 6.51, p < .05$.

The tier designations generated by the TJSORAI did not predict general, $\chi^2 (2, N = 91) = 2.95, ns$, or violent offense charges, $\chi^2 (2, N = 91) = 4.19, ns$.

---

1The analysis was repeated using receiver operator characteristics analysis, resulting in the same findings.
WDOC total score also failed to predict new general charges, $\chi^2 (1, N = 91) = 0.04, \text{ns}$, or violent offense charges, $\chi^2 (1, N = 91) = 0.01, \text{ns}$, as did the tier designations from the New Jersey RRAS—$\chi^2 (2, N = 91) = 1.54, \text{ns}$, for general offenses and $\chi^2 (2, N = 91) = 0.01, \text{ns}$, for violent offenses—and the New Jersey JRAS tiers—$\chi^2 (2, N = 91) = 0.41, \text{ns}$, for general offenses and $\chi^2 (2, N = 91) = 0.50, \text{ns}$, for violent offenses. Repeating these analyses after controlling for the difference in racial makeup of the two groups did not alter the earlier findings. In sum, not only did the state-developed risk assessment instruments and SORNA tier fail to predict sexual recidivism, these specialized instruments possessed no demonstrable ability to predict new offending of any kind.

None of the J-SOAP–II scales, including the total score, predicted charges for general offending. However, Scale 2 (measuring impulsive, antisocial behavior) predicted new charges for any violent offense, including misdemeanor and non-sexual offenses, $\chi^2 (1, N = 91) = 7.79, p < .01$. When the eight items of Scale 2 were individually entered into Cox regression equations to predict new charges for any violent offense, only three items were significantly predictive. Those items included history of conduct disorder before age 10 (Item 12), $\chi^2 (2, N = 91) = 11.10, p < .01$; juvenile antisocial behavior (Item 13), $\chi^2 (2, N = 91) = 11.23, p < .01$; and multiple types of offenses (Item 15), $\chi^2 (2, N = 91) = 9.40, p < .01$.

### Table 3

Results of Cox Proportional Hazard Survival Analysis of Study Measures Used to Predict New Felony Sexual Offense Charges

<table>
<thead>
<tr>
<th>Measure</th>
<th>$\chi^2$</th>
<th>$\beta$</th>
<th>$r$</th>
<th>$R^2$</th>
<th>$df$</th>
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<td>.000</td>
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<td>PCL:YV total ($N = 264$)***</td>
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<td>4.67</td>
<td>.36</td>
<td>.130</td>
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<td>WDOC ($n = 91$)</td>
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<td>1.00</td>
<td>.00</td>
<td>.000</td>
<td>1</td>
</tr>
<tr>
<td>J–SOAP–II Scale 1 ($n = 91$)</td>
<td>.16</td>
<td>.97</td>
<td>.00</td>
<td>.000</td>
<td>1</td>
</tr>
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<td>J–SOAP–II Scale 2 ($n = 91$)</td>
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<td>1.10</td>
<td>.00</td>
<td>.000</td>
<td>1</td>
</tr>
<tr>
<td>J–SOAP–II Scale 3 ($n = 91$)*</td>
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<td>1.30</td>
<td>.17</td>
<td>.029</td>
<td>1</td>
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<tr>
<td>J–SOAP–II total ($n = 91$)</td>
<td>2.58</td>
<td>1.08</td>
<td>.08</td>
<td>.006</td>
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<tr>
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<td>.92</td>
<td>.00</td>
<td>.000</td>
<td>1</td>
</tr>
<tr>
<td>RRAS Scale 2 ($n = 91$)</td>
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<td>.91</td>
<td>.00</td>
<td>.000</td>
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<td>.000</td>
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<td>.18</td>
<td>.032</td>
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<tr>
<td>RRAS total score ($n = 91$)</td>
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<td>.99</td>
<td>.00</td>
<td>.000</td>
<td>1</td>
</tr>
<tr>
<td>RRAS risk tiers ($n = 91$)</td>
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<td>.00</td>
<td>.000</td>
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<tr>
<td>JRA total ($n = 91$)</td>
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<td>.99</td>
<td>.00</td>
<td>.000</td>
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<td>JRA risk tiers ($n = 91$)</td>
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<td>.000</td>
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<td>.000</td>
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</table>

**Note.** PCL:YV = Psychopathy Checklist—Youth Version; WDOC = Wisconsin Department of Corrections Guidelines for Release of Confidential Information on Persons Committing Sex Offenses as Youth; J-SOAP–II = Juvenile Sex Offender Assessment Protocol—II; RRAS = New Jersey Registrant Risk Assessment Scale; JRAS = New Jersey Juvenile Risk Assessment Scale; TJSORAI = Texas Juvenile Sex Offender Risk Assessment Instrument; SORNA = Sex Offender Registration and Notification Act of 2006 risk tiers.

* $p < .05$. ** $p < .005$. *** $p < .001$. 

WDOC total score also failed to predict new general charges, $\chi^2 (1, N = 91) = 0.04, \text{ns}$, or violent offense charges, $\chi^2 (1, N = 91) = 0.01, \text{ns}$, as did the tier designations from the New Jersey RRAS—$\chi^2 (2, N = 91) = 1.54, \text{ns}$, for general offenses and $\chi^2 (2, N = 91) = 0.01, \text{ns}$, for violent offenses—and the New Jersey JRAS tiers—$\chi^2 (2, N = 91) = 0.41, \text{ns}$, for general offenses and $\chi^2 (2, N = 91) = 0.50, \text{ns}$, for violent offenses. Repeating these analyses after controlling for the difference in racial makeup of the two groups did not alter the earlier findings. In sum, not only did the state-developed risk assessment instruments and SORNA tier fail to predict sexual recidivism, these specialized instruments possessed no demonstrable ability to predict new offending of any kind.
A further examination of the 55 individual items coded on the J-SOAP–II and the state risk measures revealed that only 6 items were related to new felony sex offense charges. Table 4 shows the results of Cox proportional hazard analyses entering each item to predict new charges for felony sexual offending. Internal motivation in treatment (J-SOAP–II Item 18), expressions of remorse or guilt (J-SOAP–II Item 21), lack of cognitive distortions (J-SOAP–II Item 22), compliance with treatment (WDOC Item 8), and therapeutic support (RRAS Item 11 and JRAS Item 12) predicted higher risk as scored. On the other hand, WDOC Item 6 (any evidence of deviant sexual arousal) was inversely related to felony sexual offense charges. Only 4.7% of participants coded as having shown any evidence of deviant sexual arousal (such as having multiple young child victims) had new felony sexual offense charges compared with 18.8% of participants who had no indications of sexual deviance.

### Table 4

<table>
<thead>
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<th>Variable</th>
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<th>df</th>
<th>χ²</th>
<th>R²</th>
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<td>WDOC Item 6**</td>
<td>91</td>
<td>1</td>
<td>5.08</td>
<td>.020</td>
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</table>

*Note. RRAS = New Jersey Registrant Risk Assessment Scale; JRAS = New Jersey Juvenile Risk Assessment Scale; J-SOAP–II = Juvenile Sex Offender Assessment Protocol—II; WDOC = Wisconsin Department of Corrections Guidelines for Release of Confidential Information on Persons Committing Sex Offenses as Youth; RRAS Item 11 and JRAS Item 12 = therapeutic support; J-SOAP–II Item 18 = internal motivation for change; J-SOAP–II Item 21 = remorse and guilt; J-SOAP–II Item 22 = cognitive distortions; WDOC Item 8 = treatment compliance; WDOC Item 6 = evidence of deviant sexual arousal.

* p < .05. ** p < .005.

A further examination of the 55 individual items coded on the J-SOAP–II and the state risk measures revealed that only 6 items were related to new felony sex offense charges. Table 4 shows the results of Cox proportional hazard analyses entering each item to predict new charges for felony sexual offending. Internal motivation in treatment (J-SOAP–II Item 18), expressions of remorse or guilt (J-SOAP–II Item 21), lack of cognitive distortions (J-SOAP–II Item 22), compliance with treatment (WDOC Item 8), and therapeutic support (RRAS Item 11 and JRAS Item 12) predicted higher risk as scored. On the other hand, WDOC Item 6 (any evidence of deviant sexual arousal) was inversely related to felony sexual offense charges. Only 4.7% of participants coded as having shown any evidence of deviant sexual arousal (such as having multiple young child victims) had new felony sexual offense charges compared with 18.8% of participants who had no indications of sexual deviance.

### PCL:YV and Recidivism

The mean PCL:YV total score for the full sample was 31.0 (Median = 32.1, SD = 5.9). A one-way analysis of variance revealed that the mean scores for the sex offender and non-sex-offender groups did not differ significantly (F = .39, ns). The PCL:YV could be expected to predict general and violent recidivism; however, results concerning its predictive utility for sexually based offenses have been inconsistent. In contrast to the sex-specific measures, the PCL:YV was significantly predictive of new felony sex offense charges. In addition, the PCL:YV significantly predicted violent offenses, χ²(1, N = 264) = 46.56, β = 1.11, p < .0001, and general offenses, χ²(1, N = 264) = 14.57, β = 1.05, p < .0005. A subsequent analysis examined the relationship between criminal propensity as measured by the PCL:YV and the history of sexual offending as predictors of sexual offending. In doing this, the PCL:YV total score was entered in the first step of a Cox regression equation, followed by status as a juvenile sex
offender. Juvenile sexual offense adjudication continued to fail to significantly contribute to the model above and beyond PCL:YV total score, \( \chi^2 (1, N = 264) = 0.39, \beta = .78, ns \). An important caveat, however, is that the juveniles who sexually offended in the follow-up period had obtained extremely high PCL:YV scores (i.e., over 34).

Discussion

The current study is one of the first to prospectively evaluate the efficacy of specialized measures to predict sexual offenses in light of new statutory requirements for classifying and registering juvenile sex offenders. The findings highlight important deficiencies with instruments and legislation specifically designed to assess the latent construct of sexual recidivism propensity and to prevent future sex offenses.

The specialized measures created by New Jersey, Texas, and Wisconsin did not consistently correspond with each other, nor did they predict sexual reoffending. Despite the fact that the state risk measures were intended to measure the same recidivism potential, assessed several of the same dimensions, and shared several of the same items, their final risk ratings did not consistently overlap. This finding suggests that a juvenile’s assessed level of risk may be more dependent on the state he lives in than on his actual recidivism risk.

More important, these inconsistencies suggest that these assessments of the underlying risk construct are not valid. Similarly, the SORNA criteria that would be used to place juveniles in a national public registration database did not identify juvenile sex offenders at greater risk to commit sexual or general offenses. It is evident from our data that some juveniles assessed as high risk using the SORNA criteria would not be so designated on some state measures. Of greater concern is the failure of these risk measures to predict reoffense of any kind. In fact, the only significant predictive value of inclusion in the SORNA tier was in predicting lower rates of violent offending among participants designated as higher risk. These initial data indicate that sexual recidivism-specific measures and the proposed tier classifications will not correctly identify adolescents most at risk for sexual offenses.

In this study the risk for sexual reoffense was predicted by variables that tapped two general areas. First, the finding that the PCL:YV predicted sexual offense charges, independent of sexual offending history, supports the findings that characteristics related to higher criminal propensity predicted adult sexual offending in sex offenders and non–sex-offending adolescents alike (Zimring et al., 2007). Second, scale items that tapped into dynamic variables related to treatment involvement and progress were associated with lower rates of new sexual offense charges. Considering the findings in Martinez et al. (2007), the results reported here suggest that, among adolescents, sexual reoffense risk is dynamic and susceptible to mitigation through treatment.

These results may shed some light on the inconsistent previous findings concerning the utility of the PCL:YV for predicting sexual recidivism. The participants studied here were an unusually criminally prone group that included a substantial number of individuals with high PCL:YV scores (\( Mdn \) PCL:YV total = 32.1). All of the participants who sexually offended in the follow-up...
period had obtained extremely high PCL:YV scores. These data suggest that previous studies may have been limited by having relatively few participants with extremely high PCL:YV scores.

Scale items that tapped into static variables such as characteristics of the previous sexual offenses (e.g., victim selection, previous sex offenses, or level of force) were consistently unrelated to sexual recidivism. These items, primarily based on factors predictive of recidivism in adults (Codey & Harvey, 2007; Prentky et al., 2000), failed to demonstrate any power to predict sexual or general recidivism. As noted by Saleh and Vincent (2004), simply extending protocols from adult sex offenders to juvenile sex offenders inadequately captures the complexities inherent in juvenile offenders. Predicting persistence of a specific type of misconduct in juvenile delinquents is limited by the complexities of adolescent development. Although it is clear that developmental forces play a significant role in adolescent sexual behavior (Sisk, 2006; Sisk & Foster, 2004), exactly what aspects of adolescent developmental are most salient to sexual aggression and how they change to generate more adaptive sexual behavior in adulthood is not well understood. The legislation proposed by SORNA and its predecessors is based on the assumption that juvenile sex offenders are on a singular trajectory to becoming adult sexual offenders. This assumption is not supported by these results, is inconsistent with the fundamental purpose of the juvenile court, and may actually impede the rehabilitation of youth who may be adjudicated for sexual offenses.

The finding that indicators of treatment involvement and progress substantially outperformed static risk variables highlights the importance of recognizing juveniles as distinct from adult sex offenders. By contrast, in a large meta-analysis of studies that primarily focused on adult offenders, Hanson and Morton-Bourgon (2005) found static variables to be the most reliable predictors of sexual recidivism, whereas indicators of treatment motivation and progress were noted to be poor predictors of sexual recidivism. This suggests that the most common determinants and protective factors relevant to persistent sexual offending in juveniles differ dramatically from those commonly found in adults.

**Policy Implications**

Full enactment of SORNA would result in a significant increase in the number of juvenile sex offenders subject to registration and community notification. This increase would result from several interrelated factors. First, many states that now exempt juveniles from sex offender registration or notification would be required under SORNA to include juveniles, resulting in an increase in the number of states that register juveniles. Based on these data, 70% of the approximately 15,000 juveniles arrested for sexual offenses annually would qualify for lifetime registration under SORNA Tier 3 (Federal Bureau of Investigation, 2006). Second, most states that currently register juveniles make certain exceptions for them, recognizing that juveniles have a different risk profile from that of adults. For example, several states exempt juveniles from community notification and limit access to their information only to law enforcement. Other states have a provision allowing juveniles to petition the court for termination of registration by showing that they have been rehabilitated and no longer pose a threat to the community.
SORNA makes no provision for judicial discretion to determine which juveniles will be subject to registration. As a result, some juveniles who are currently excused from state registries will be subject to registration under SORNA. Third, juveniles currently on state-level registries, but who do not qualify for SORNA Tier 3, would most probably be retained on some form of registry.

The finding that the propensity for criminality, as measured by the PCL:YV, was predictive of sexual violence cuts across sex offenders and non–sex-offending delinquents alike. These and other studies (Caldwell, 2007; Zimring et al., 2007) suggest that criminal propensity in adolescence plays an important role in future sexual violence. Recent research with adolescent offenders suggests that even the most intractable offenders with elevated PCL:YV scores and significant and varied histories of antisocial behavior can be rehabilitated (Caldwell, McCormick, Umstead, & Van Rybroek, 2007; Caldwell, Skeem, Salekin, & Van Rybroek, 2006) and done so in a cost-effective manner (Caldwell, Vitacco, & Van Rybroek, 2006). This suggests that even criminal behavior arising from high levels of criminal propensity can be amenable to treatment interventions.

The finding that treatment-related variables were reliable predictors of sexual recidivism poses specific practical problems. The meaning and value of participation and progress in treatment depend on the nature and quality of the treatment. Recent studies of the effectiveness of sex offender treatment for juveniles have reported mixed results (Hanson, Broom, & Stephenson, 2004; Reitzel & Carbonell, 2006). Treatment participation may or may not reduce risk, and failure to participate in an ineffective treatment program may have no bearing on an adolescent’s risk. These results lend support to studies that indicate that juvenile sex offenders can benefit from treatment and, as a clinical matter, it is reasonable to assume that treatment can reduce risk in juvenile sex offenders. However, these results do not resolve the issue regarding the effectiveness of treatment and do not support imposing long-term registration and notification requirements on the basis of treatment refusal or poor treatment progress.

An important finding in these results was the failure of the SORNA tier criteria to identify sexual recidivists. Of greater concern is the fact that the SORNA tier criteria designated participants who were at lower risk for violent reoffense as appropriate for lifetime registration and community notification. To the extent that registration and community notification impede community reintegration and adjustment, they may have the paradoxical effect of increasing risk of reoffense. To the extent that registration and community notification are intended to reduce offending opportunities for high-risk offenders, these data suggest that SORNA will fall short by failing to accurately identify high-risk offenders. These findings raise the possibility that including juveniles in SORNA Tier 3 would actually result in a greater risk to community safety.

The state risk measures studied here fared no better as predictors of reoffense risk. These results suggest that the risk estimates that these measures generate have no reliable connection to the youth’s risk to the community. To the extent that these results may generalize, the registration and notification demands placed on juveniles that are based on these risk estimates appear to be nonscientific and arbitrary. This may raise important constitutional questions related to the equal protection of juveniles subject to SORNA registration.
The Equal Protection Clause of United States Constitution does not deny the government the power to treat different classes of persons in different ways. It does, however, require that the criteria for defining a class of persons accorded different treatment must be rationally related to the objective of the statute. The classification must be reasonable, not arbitrary, and must rest on some ground of difference having a fair and substantial relation to the objective of the legislation, so that all persons similarly circumstanced will be treated alike (see, for example, Carolene Products Co. v. United States, 1938a, 1938b; City of Cleburne, Texas v. Cleburne Living Center, 1985; Plyler v. Doe, 1982; Romer v. Evans, 1996). These results support a small but growing body of research that has found that juvenile sex offenders engage in adult sexual offending at similar rates to non–sex-offending delinquents (Caldwell, 2007; Sipe & Jensen, 1998; Zimring et al., 2007). More important, the identification of juvenile sex offenders as a class of individuals whose characteristics are distinct from other juveniles and whose civil regulation will further the public safety purpose of the law is not supported by this study.

Although sex offender registration laws have survived several constitutional challenges, several features of SORNA revive or raise new constitutional concerns. These include provisions that juveniles subject to SORNA would lose protection from warrantless searches for life. This provision raises the potential that SORNA will merit a more rigorous standard of constitutional review than previous sex offender registration laws.

In addition, juveniles affected by SORNA will be subject to adult sanctions without the benefit of the same degree of due process protections afforded adult offenders. The traditional juvenile court priority of protecting juveniles from adult sanctions and long-term stigmatization will be largely abandoned by public registration, and the traditional confidentiality afforded juvenile records will be compromised. These issues bear much more detailed research and analysis than is possible within the scope of this study.

Trivits and Reppucci (2002) outlined difficulties of applying sex offender registration and notification laws to adolescent sex offenders, including evaluating appropriate and inappropriate sexual conduct, heterogeneity of adolescent sex offenders, and developmental issues that complicate risk assessment. Laws designed to target adolescent sex offenders must balance risk, management, and treatment (Byrne & Roberts, 2007) if they hope to be effective. Unfortunately, data suggest that laws intended to manage risk miss the mark, and have an unintended and detrimental effect of interfering with access to treatment. Letourneau (2006) has described the unintended effects of restrictive sex offender legislation applied to juvenile sex offenders that may result in less formal intervention and, consequently, less treatment. These results suggest that improving access to treatment and community support services should be the overriding concern of public policies that hope to reduce the risk of persistent sexual offending.

Despite the incentives included in SORNA, some states may elect to exclude juveniles from sex offender registration. States that elect to include juveniles under these laws could reduce the potential harm and improve the effectiveness of these measures by incorporating several provisions. The application of these laws to juveniles could be designed to be more consistent with the traditional goals of the juvenile justice system. For example, recog-
nizing that most juvenile sex offenders desist from offending by early adulthood, the term of sex offender registration could be limited to the maximum age of juvenile court jurisdiction.

The finding that commonly used risk measures performed poorly in predicting recidivism raises questions as to how to identify juveniles who may be more appropriate for registration. These data indicate that the specific characteristics of a particular offense category are of little to no value. There are, however, indications that a comprehensive assessment may be a more reliable way to identify higher risk delinquents. Although scores from the PCL:YV have not proven to be a reliable predictor of sexual recidivism, a similarly comprehensive assessment of treatment needs, behavioral history, personality, social influences, and other issues is an important part of the juvenile court dispositional process (Grisso, 1998). The best method for identifying higher risk juveniles may be this type of comprehensive assessment, particularly if informed by the findings that most juvenile sex offenders do not sexually reoffend. This would be in keeping with the traditional practice in juvenile court dispositional hearings and would require that juvenile court judges be granted discretion in applying registration requirements in the disposition of specific cases.

None of this is to say that adolescent sexual violence is not a significant public policy concern. In fact, the results of public health surveys over the past several decades have led to a consensus that at least one in five adolescent males engages in sexually assaultive behavior (Abbey, 2005). Considering that only a fraction of these assaults come to the attention of authorities, the potential for sex offender registration to significantly reduce the incidence of sexual violence in society is quite limited. The findings reported here lend further support to those who have called for a broader approach that places emphasis on prevention of sexual violence (Abbey, 2005; Caldwell, 2007).

Limitations and Future Directions

This study represents an initial attempt to evaluate the ability of commonly used risk measures and the SORNA criteria to predict sexual offenses in a sample of antisocial adolescents. However, the results must be interpreted in light of some methodological limitations. First, the results are limited by the reliance on a sample drawn from a program designed to treat unusually aggressive and disruptive adolescent males (Caldwell, Vitacco, et al., 2006). The risk assessment methods studied here may be more effective with a less criminally prone population. However, a less delinquent population would be expected to generate lower reoffense base rates, making accurate risk assessment even more difficult.

In addition, all of the participants studied here were assessed or treated in a specialized intensive treatment program that has demonstrated promising results in treating aggressive delinquents (Caldwell et al., 2007; Caldwell, Skeem, et al., 2006; Caldwell & Van Rybroek, 2005; Caldwell, Vitacco, et al., 2006). All of the sex-offending participants received some level of specialized sex offender treatment. It is a possibility that specialized sex offender treatment reduced the risk of the sex-offending participants to the level of more generic delinquents. This possibility, however, would not alter the findings that the J-SOAP–II total,
SORNA Tier 3, and state risk measures failed to predict any type of recidivism, including sexual recidivism, among adolescent sex offenders.

Psychopathy as a predictor for adolescent sexual offending presents an additional dimension that requires further study. The utility of the PCL:YV in predicting felony sexual offense charges found here supports basic findings in some previous studies (Gretton et al., 2001; Parks & Burke, 2006). In this case, psychopathy might represent a propensity to engage in serious antisocial behavior, which includes sexual offenses. Moreover, the PCL:YV scores in this group of participants allowed a more powerful test of the relationship between pronounced psychopathy features and sexual offending. Although the results described here suggest an avenue of speculation to account for the inconsistent performance of PCL:YV scores in predicting juvenile sexual recidivism, the issue is far from resolved. The connection between psychopathy, sexual offending, and a more general criminal propensity requires further illumination. Use of PCL:YV scores to predict juvenile sexual recidivism is clearly not warranted on the basis of the existing research.

On one level, the impulse to adopt broad statutory restrictions on sex offenders reflects a skepticism that the professionals entrusted with the supervision and rehabilitation of sex offenders possess the expertise to optimally manage the risk that these offenders pose. To the extent that our knowledge about the onset, persistence, and desistence of sexual misconduct in adolescents is incomplete, expertise in managing sexual offenders’ risk is also limited. These results, however, indicate that current sex offender registration and notification laws that are broadly applied to adolescents have significant limitations of their own. Furthermore, these laws cannot be refined, and the expertise of professionals cannot advance, without a concerted effort to conduct high-quality empirical studies of these issues.

The extensive use of sex offender registration and concerns over public safety must be balanced against the potential and significant harm that may accompany public registration of juvenile offenders. Clearly, considerably more study of the effects of these laws is needed. Considering that these laws are currently in place and affect thousands of individuals nationwide, the need for additional study goes far beyond scientific interest. It is a requirement of fair, just, and effective public policy.

References


Carolene Products Co. v. United States, 304 U.S. 144, 82 L. Ed. 1234 (1938a).


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