THE UTILITY OF THE J-SOAP-II AND THE PCL:YV

IN THE PREDICTION OF INSTITUTIONAL SEXUAL MISCONDUCT

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A Dissertation

Presented to

The Faculty of the Department

of Psychology

University of Houston

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In Partial Fulfillment

Of the Requirements for the Degree of

Doctor of Philosophy

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By

Chastity N. Farr

August, 2013

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ABSTRACT

In juvenile residential sex-offender-specific treatment settings, institutional management of sexual misconduct represents one of the many challenges faced by treatment providers. The ability of clinicians to discern those most likely to prey on more vulnerable youth could inform appropriate placement within these facilities and minimize incidences of victimization. The purpose of this study was to examine the utility of the Juvenile Sexual Offender Assessment Protocol-II (J-SOAP-II; Prentky & Righthand, 2003) and the Psychopathy Checklist: Youth Version (PCL: YV; Forth et al., 2003) in the prediction of nonconsensual sexual misconduct within a male juvenile sexual offender residential treatment program. Along with Factor 1 (Interpersonal) scores of the PCL:YV, results showed that J-SOAP-II Total scores and Scale 1 (Sexual Drive/Preoccupation) scores significantly predicted which juveniles were more likely to engage in nonconsensual institutional sexual misconduct. However, J-SOAP-II Scale 2 (Impulsive/Antisocial) scores and PCL:YV Factor 4 (Antisocial) scores did not significantly differentiate those juveniles who were more likely to engage in nonconsensual institutional sexual misconduct. The implications of these findings are discussed, which includes the identification of possible cut-off scores when using the J-SOAP-II and the PCL:YV with this population.

ACKNOWLEDGEMENTS

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DEDICATION

I dedicate this dissertation to my family, especially my parents, Bonnie and Michael Farr, whose unconditional encouragement and support of my education, despite the countless obstacles encountered along the way, allowed this dream to become a reality.

The Utility of the J-SOAP-II and the PCL:YV

in the Prediction of Institutional Sexual Misconduct

In 2009, roughly 16% ($n = 9,619$) of all sexual offenses were committed by

individuals under the age of 18 in the United States with approximately 92% ($n = 8,853$)

of these acts committed by males (U.S. Department of Justice, 2010). For juveniles who

have been adjudicated for a sexual offense, *sex-offender-specific* treatment is

recommended as it addresses not only the mental health needs of the individual, but also

the criminal aspects (e.g., delinquency). Prior to determining whether residential or

outpatient treatment is needed, a comprehensive evaluation of the juvenile is required.

This evaluation includes a risk assessment, which informs predictions of sexual

recidivism risk using low, moderate, and high risk designations. These designations

guide dispositions regarding treatment, placement, and supervision for the juvenile (Rich,

2009).

In juvenile residential sex-offender-specific treatment settings, institutional

management of sexual misconduct represents one of the many challenges faced by

treatment providers. To address forcible sexual assaults in prison settings, the Prison

Rape Elimination Act (PREA) was initiated in 2003, which requires correctional facilities

to report all incidences of sexual misconduct on a yearly basis. Data obtained from

PREA showed that when compared to adult facilities, rates of sexual abuse in juvenile

facilities were five times greater. A majority of perpetrators of youth-on-youth sexual

violence were males who were 16 or older, and a majority of the victims were male

(Beck, Adams, & Guerino, 2008). Juveniles with a history of prior sexual victimization

were twice as likely to be victimized in juvenile facilities when compared to juveniles

without said history. A majority of these youth reported more than one incident of victimization (Beck, Harrison, & Guerino, 2010).

Discerning juveniles who are likely to prey on more vulnerable youth could inform appropriate placement within facilities and minimize the risk of additional victimization. One specific construct that has been found useful in short-term risk assessment of juveniles is psychopathy (Edens, Skeem, Cruise, & Cauffman, 2001). Psychopathy is a stable, multidimensional construct comprised of affective, interpersonal, and behavioral domains. Research has demonstrated that psychopathy reliably predicts both general and violent recidivism in juvenile delinquents (Corrado, Vincent, Hart, & Cohen, 2004) and juvenile sex offenders (Gretton, McBride, Hare, O'Shaughnessy, & Kumka, 2001).

While some attention has been given to the investigation of general and violent infractions in juvenile correctional settings, very little research has been devoted to the prediction of sexual misconduct. Thus, the purpose of this study was to examine the utility of the Juvenile Sexual Offender Assessment Protocol-II (J-SOAP-II; Prentky & Righthand, 2003) and the Psychopathy Checklist (PCL:YV; Forth, Kosson, & Hare, 2003) in the prediction of nonconsensual sexual misconduct within a male juvenile sexual offender residential treatment program. The term *juveniles* was used to refer to those under the age of 21 who have been adjudicated for a crime, but not considered adults by law.

Juvenile Sexual Offenders

Despite the substantial number of sexual offenses committed by juveniles, some important differences exist between individuals who are adjudicated for sexual offenses

in adolescence compared to adulthood. Even though most adult sexual offenders have reported the onset of sexual offending in adolescence, only a small percentage of identified juvenile sexual offenders continue sexually offending into adulthood (Abel, Mittelman, & Becker, 1985) with a recent meta-analysis showing an average recidivism rate of 10.9% for juveniles (Viljoen, Mordell, & Beneteau, 2012). In addition to lower recidivism, adolescents engaged in fewer abusive behaviors over shorter durations and sexual behaviors were less aggressive (Miranda & Corcoran, 2000). For most, sexual recidivism was less likely compared to non-sexual offending (e.g., delinquent acts) following treatment (Caldwell, 2002). Those who did persist in sexual offending patterns were likely to be the more serious, deviant offenders (Hagan, Anderson, Caldwell, & Kemper, 2010).

Unlike adults, adolescent sex offenders were more amenable to change (Oliver, Hall, & Neuhaus, 1993), and lower recidivism rates were reported for those who have received treatment (Reitzel, & Carbonell, 2006). Unfortunately, treatment interventions are inconsistently applied as some adolescents adjudicated for the same offense receive different treatment options depending upon the laws in that particular state (Burkhart & Cook, 2010). Options for treatment can also be limited to residential placements, such as detention centers, due to a lack of outpatient resources (Hicks, Rogers, & Cashel, 2000). Even though most juvenile sexual offenders do not persist offending into adulthood, the consequences of adjudication as an adolescent for a sex offense can be life-long.

Adam Walsh Child Protection and Safety Act

In 2006, on the 25th anniversary of the abduction and murder of six-year-old Adam Walsh, the Adam Walsh Child Protection and Safety Act replaced the Jacob

Wetterling Act (42 U.S.C. §§ 14071-73). This act created a new minimum standard for sex offender registration and notification. It required individuals with prior sexual convictions to register and provide community notification regarding residence, employment, and schooling. Title I of the Adam Walsh Act (P.L. 109-248) is known as the Sex Offender Registration and Notification Act (SORNA), which provides the comprehensive federal minimum standards required for sex offender registration and notification in the United States. The frequency of registration and notification is based on a tier system with increased registration requirements for more serious or repeat offenders (U.S. Department of Justice, 2012).

For juveniles, this act subjects those ages 14 and older who have been adjudicated for aggravated sexual offenses to registration and notification for at least 25 years. After 25 years, they can petition for removal from the registry only if no other felony convictions have occurred, sex-offender-specific treatment was successfully completed, and supervised release conditions were met (National Juvenile Justice Network, 2010). In contrast to the legal definitions of consent (see Method below), sexual contact is not considered a sexual offense if the victim is at least 13 years old and the offender is not more than four years older provided no force or coercion was used (National Juvenile Justice Network, 2008).

In 2011, supplemental SORNA guidelines allowed jurisdictions to remove information for those sex offenders whose offenses occurred as juveniles. Even though it is possible to remove juveniles from website postings, only three states have done so. The detrimental consequences of being labeled a sex offender are pervasive, including residency restrictions, which affect where an offender can live in relation to schools,

churches, parks, and even outright banning from certain public areas. Fliers containing

information specific to the details of the sexual offense are typically mailed to neighbors,

which can subject the juvenile to public humiliation and possible harassment (Pittman,

2012).

Risk Assessment

Initial attempts to evaluate risk used less reliable and valid methodology (e.g.,

unstructured clinical judgment), which allowed variable, unstructured methods to obtain

information (Hanson & Morton-Bourgon, 2009). *Empirically guided/structured*

professional judgment also allows for clinical judgment, but is based on well-established

risk factors (Worling, 2010). A limitation of this approach is the inability to connect

combined risk factors to probability estimates, which makes risk designation difficult in

cases that are not clear (Hanson & Morton-Bourgon, 2009). Actuarial methods,

including *empirical, actuarial* and *adjusted/conceptual actuarial approach*, use

probability estimates to determine risk (Dawes, Faust, & Meehl, 2002; Worling, 2010).

Pure actuarial approaches are considered the most valid and structured methodology;

however, they do not allow the flexibility of considering additional mitigating factors

(Hanson, 2000; Worling, 2010). Specific to the area of juvenile sexual offending, the

identification of assessment tools to discern predatory juveniles from those engaging in

normative adolescent sexual behaviors is an important need. The assessment of other

constructs, specifically psychopathy, has been employed in identifying those juveniles

who are at risk for future delinquent behaviors, including sexual re-offending.

Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR; Worling &

Curwen, 2001)

The Estimate of Risk of Adolescent Sexual Offense Recidivism evaluates short-

term risk for sexual reoffense in adolescents' ages 12 to 18 with a known sexual

offending history. Although considered a 25-item single-scale measure, there are five

identified domains, which include (a) Sexual Interests, Attitudes, and Behaviors; (b)

Historical Sexual Assaults; (c) Psychosocial Functioning; (d) Family/Environmental

Functioning; and (e) Treatment. The ERASOR uses some static (9 items; e.g., historical,

unchangeable) factors, but it is comprised primarily of dynamic (16 items; e.g.,

malleable, changeable) factors, which are scored using information from the prior six

months. While a Total score can be obtained, numerical cut-off scores for low, moderate,

or high-risk designations are not provided. Instead, a *structured professional judgment* of

risk is derived, which allows consideration of additional information (e.g., stated

intention to reoffend). Some limitations of the ERASOR are that it can only be used with

adolescents with a known sexual offense history, the scales are unweighted, and few

contextual variables are provided (Worling & Curwen, 2001). Recidivism data has

shown that the ERASOR Total score can significantly predict sexual reoffense if follow-

up occurs within five years (Chu, Ng, Kynaston, Fong, & Teoh, 2012; Worling,

Bookalam, & Litteljohn, 2012). The structured professional judgment of risk (low,

moderate, and high) has been more inconsistent (Chu et al., 2012; Morton, 2003; Rajlic &

Gretton, 2010; Worling et al., 2012). Significant differences across domains in the

prediction of sexual reoffense emerged in a recent meta-analysis. The Psychosocial

Functioning domain significantly predicted both sexual and gen0eral recidivism. The

Family/Environmental Functioning domain predicted sexual, but not general recidivism while the Sexual Interests, Attitudes, and Behaviors domain significantly predicted general, but not sexual recidivism (Viljoen et al., 2012).

Juvenile Sexual Offense Recidivism Risk Assessment Tool-II (J-SORRAT-II; Epperson, Ralston, Fowers, DeWitt, & Gore, 2005)

The Juvenile Sexual Offense Recidivism Risk Assessment Tool-II (J-SORRAT-II) assesses risk for sexual reoffense in adolescent sexual offenders. This 12-item single-scale measure encompasses four domains, including (a) Offending History and Characteristics; (b) Abuse History; (c) School History; and (d) Treatment History. Unlike the J-SOAP-II (see below) and the ERASOR, the J-SORRAT-II relies entirely on historical, or static, factors. This represents a major limitation to the J-SORRAT-II, and it has been suggested that its use may be unethical because this does not allow an opportunity for change (Logan, 2003).

The predictive utility of the J-SORRAT-II has been inconsistent. For instance, the J-SORRAT-II Total score did not significantly predict sexual or nonsexual aggression during treatment in a sample of juvenile sexual offenders. Approximately eight years following release, the J-SORRAT-II showed predictive utility for sexual reoffense that was no better than chance (Viljoen et al., 2008). In contrast, a more recent meta-analysis showed the Total score of the J-SORRAT-II significantly predicted sexual recidivism (Viljoen et al., 2012). Others have reported the J-SORRAT-II's ability to predict sexual reoffense as a juvenile was significantly better than predictions into adulthood (Epperson et al., 2005).

Juvenile Sex Offender Assessment Protocol-II (J-SOAP-II; Prentky & Righthand, 2003)

The Juvenile Sexual Offender Assessment Protocol (J-SOAP) was developed to assess risk for sexual offending behaviors, but also general criminal behaviors, in juveniles with a history of sexually coercive behaviors or sexual offense adjudications. The most recent version is the J-SOAP-II contains 28 items comprised of four subscales (Scale 1, Sexual Drive/Preoccupation; Scale 2, Impulsive, Antisocial Behavior; Scale 3, Intervention; Scale 4, Community Stability/Adjustment; see Method).

Inconsistent findings have emerged as to which J-SOAP-II scales are most important in predicting the risk of sexual recidivism. Some support has been shown for the dynamic scales (Scale 3, Intervention; Scale 4, Community Stability/Adjustment). For example, the J-SOAP-II Scales 3 and 4 significantly predicted sexual recidivism for both pre-adolescent and adolescent boys placed outside the home by social services. When combined, this score was better at predicting sexual recidivism compared to the static scales, especially in the pre-adolescent group (Prentky et al., 2009). In a community outpatient sample of minority adolescents, the J-SOAP-II Total score significantly predicted sexual reoffending during treatment as did the combined dynamic scales (Martinez, Flores, and Rosenfeld, 2007).

In contrast, others have supported the J-SOAP-II's static scales in the prediction of sexual reoffense. In combination with the Psychopathy Checklist: Youth Version (PCL:YV; Forth et al., 2003), the J-SOAP-II Scale 2 significantly predicted sexual recidivism in adolescent sexual offenders grouped by victim type. The J-SOAP-II Total score and all scale means were higher for those with victims of mixed ages compared to

those with exclusively children or peer/adult victims. Those with child victims had significantly higher scores on Scale 1 compared to those with peer/adult victims (Parks & Bard, 2006). Other research reported greater predictive utility for sexual reoffense with the J-SOAP-II Total score and Scale 1 compared to Scale 2. However, the Total score and Scale 1 did not predict non-sexual violent or non-violent reoffense any better than chance. Scale 2 showed adequate predictive accuracy in predicting non-sexual violent reoffense, but not those that were not violent (Powers-Sawyer & Miner, 2009).

To help resolve discrepancies within the literature, a recent meta-analysis showed that the J-SOAP-II's Total score significantly predicted sexual recidivism as did all of the J-SOAP-II's scales with Scale 4, Community Stability and Adjustment, showing the highest predictive ability. With the exception of Scale 1, the J-SOAP-II Total score and the other three scales significantly predicted general recidivism as well. This meta-analysis supported the use of both static and dynamic variables in assessing sexual recidivism risk as well as the risk to engage in delinquent behaviors with the exception of Scale 1, Sex Drive/Preoccupation, which showed a unique ability to predict sexual reoffense (Viljoen et al., 2012).

Overall, research using the J-SOAP-II has shown that the majority of adolescent sexual offenders are also similarly delinquent (Caldwell, 2002; Viljoen et al., 2012). Within this majority, a smaller subgroup of more serious adolescent sexual offenders likely exists. These serious juvenile offenders were more likely to prey on vulnerable youth and continue offending into adulthood (Hagan et al., 2010; Parks & Bard, 2006).

Psychopathy Checklist: Youth Version (PCL:YV; Forth, Kosson, & Hare, 2003)

Another construct widely used in the delinquency literature to predict recidivism is psychopathy, which is a stable, multidimensional construct comprised of affective, interpersonal, behavioral, and antisocial characteristics. Psychopathic individuals are described as pathological liars who are superficially charming, egocentric, and manipulative. Shallow affect, lack of remorse, and problems with empathy, are typical. These individuals are impulsive, do not learn from punishment, do not take responsibility for his or her actions, and fail to follow through with long-term goals. Symptoms of anxiety and nervousness, even in relation to being caught for immoral or illegal acts, are absent. Poor anger control, repeated violation of social norms and engagement in a variety of criminal offenses are also common (Salekin & Debus, 2008).

Although not designed specifically to assess sexual risk, the Psychopathy Checklist: Youth Version (PCL:YV; Forth et al., 2003) has been useful in predicting sexual recidivism. The PCL:YV is a 20-item clinical rating scale used to evaluate psychopathic characteristics and behaviors in adolescents 12 to 18 years old (see Method below). Two, three, and four-factor models have been proposed. The four-factor model is comprised of Interpersonal, Affective, Lifestyle, and Antisocial features (Hare, 2003). Interpersonal features include impression management, grandiose self-worth, pathological lying, and manipulation for personal gain. Affective features include a lack of remorse, shallow affect, callous/lack of empathy, and a failure to accept responsibility. Lifestyle features include stimulation seeking, parasitic orientation, impulsivity, irresponsibility, and the lack of goals. Antisocial features include poor anger control, early behavior problems, serious criminal behavior, serious violations of conditional

release, and criminal versatility (Hare & Neumann, 2005). Items pertaining to impersonal sexual behavior and unstable interpersonal relationships do not load on any of the four factors, however, they are used in tallying the Total score (Hare, 2003).

The two-factor model combines Interpersonal and Affective features (Factor 1) and Lifestyle and Antisocial features (Factor 2; Harpur, Hare, & Hakstian, 1989; Hare, 2003). Similar to the four-factor model, the three-factor model uses Interpersonal, Affective, and Lifestyle features (Cooke & Michie, 2001). Explicit antisocial items were excluded based on claims that criminality was a consequence of a psychopathic personality rather than a primary component of the construct (Cooke, Michie, Hart, & Clark, 2004). However, others have argued that the antisocial component is integral to the construct (Hare, 2003) and predictive of institutional misconduct, particularly those acts involving violence (Das, de Ruiter, Lodewijks, & Doreleijers, 2007). Thus, the present study used the four-factor model in the statistical analyses.

Research investigating the ability of the PCL:YV to predict sexual recidivism has been inconsistent. Some have reported that juveniles with high PCL:YV Total scores (e.g., 30 or higher) were more likely to engage in sexually aggressive behavior compared to juveniles with lower scores (Forth, 1995). However, when age at index offense and offense history were considered, PCL:YV Total scores no longer predicted sexual offending (Gretton et al., 2001). Similarly, when juvenile sex offenders were grouped into low, medium, and high-risk based on PCL:YV Total scores, no significant differences emerged in predicting sexual recidivism over a ten-year period (Gretton, Hare, & Catchpole, 2004). A meta-analysis failed to show a relationship between the

PCL:YV Total score and sexual recidivism. However, this meta-analysis included only four studies (Edens, Campbell, & Weir, 2007).

While the PCL:YV Total score has not always shown predictive validity for sexual offending, some of the PCL:YV factors have been able to do so. In combination with the J-SOAP-II Scale 2, the PCL:YV Factor 1 (Interpersonal) and Factor 4 (Antisocial) significantly predicted sexual recidivism in a comparison of juvenile offenders based on victim type (e.g., children, peers/adults, or mixed). Compared to those who exclusively offended against children or peers/adults, mixed type offenders consistently produced higher risk scores on the J-SOAP-II Total score and all four J-SOAP-II scales as well as the PCL:YV Total score and all four PCL:YV factor scores (Parks & Bard, 2006).

Institutional Sexual Misconduct

Successful management of sexual misconduct for adolescents court-ordered to complete residential sex-offender-specific treatment is one of the many treatment challenges faced by mental health providers. Despite the lack of research, sexual exploitation accompanied by property exploitation within juvenile facilities is not a new concept. *Booty bandits* were identified as early as the 1970's and described as juvenile males who sexually exploited weaker males within juvenile correctional environments. Booty bandits were typically African American, older, more mature, primarily targeted Caucasians and engaged in sexual acts without emotional involvement (Bartollas, Miller, & Dinitz, 1974).

Sexual activity, including sexual victimization, is a significant problem in juvenile facilities regardless of the committing offense on which the juvenile was adjudicated. In

a comparison of juvenile correctional facilities and schools in Israel, approximately 4.6%

of those in the juvenile facilities were adjudicated for a sexual offense. Compared to

males in school settings, males in correctional facilities were significantly more likely to

report certain acts of peer sexual harassment and abuse. These acts included unwanted

kissing, peeking in toilet/shower, unwanted sexual remarks, and the use of threats to

extort sexual favors. The greatest significant difference was found in the use of threats to

extort sexual favors, which occurred at rates of 7.3 % in male juvenile institutions

compared to 2.2 % in school settings (Davidson-Arad, Benbenishty, & Golan, 2009).

In an investigation of sexual misconduct among juveniles (males and females)

adjudicated for serious offenses, ranging from probation violations to murder, those with

prior arrests for sexual offenses were significantly more likely to engage in institutional

misconduct, including sexual misconduct. Additionally, younger juveniles and those

who reported more acts of antisocial behavior prior to incarceration were more likely to

engage in institutional misconduct, including sexual misconduct. However, ethnicity,

index offense, or the official criminal record was not predictive of institutional sexual

misconduct (Delisi et al., 2008).

Another investigation of sexual misconduct among a sample of serious male and

female juvenile offenders found that juveniles who reported a greater number of

traumatic experiences prior to incarceration also engaged in significantly higher levels of

sexual misconduct while incarcerated. Additionally, juveniles who were younger,

African American, with prior "incorrigible" offenses, endorsed higher levels of

anger/irritability, and committed for less serious offenses were also more likely to engage

in acts of institutional sexual misconduct (Delisi et al., 2010, p. 114).

In the only known study to investigate institutional sexual misconduct using the J-SOAP-II, Viljoen et al. (2008) examined its ability to predict sexual and non-sexual violence in male adolescents remanded to a residential sex-offender specific treatment program. J-SOAP-II Total scores significantly predicted nonsexual aggression during treatment, but not sexually aggressive acts. All scales, except for Scale 1, significantly predicted nonsexual aggression during treatment while Scale 1 significantly predicted sexual aggression. However, the definition of "sexual aggression" was not provided, and it was unknown whether non-contact sexual acts (e.g., exhibitionism) were included. Additionally, the sample primarily consisted of Caucasian adolescents (84%), thereby limiting the generalizability of these findings to delinquents of minority status (Viljoen et al., 2008).

Prior research has shown that reducing acts of institutional misconduct also decreases recidivism rates (French & Gendreau, 2006). To improve management of juvenile sexual offenders in residential settings, the identification of predictors of nonconsensual institutional sexual misconduct in juvenile sexual offender populations is needed. However, research devoted to the prediction of institutional sexual misconduct has been scarce.

Some support has been shown using Scale 1 of the J-SOAP-II in predicting sexual recidivism during outpatient treatment for minority adolescent sexual offenders (Martinez et al., 2007) and during residential treatment for Caucasian adolescent sexual offenders (Viljoen et al., 2008). Given the inconsistencies in the literature in regards to the relationship between minority status and institutional sexual misconduct (e.g., Delisi et

al., 2008; Delisi et al., 2010), an investigation of the J-SOAP-II's ability to predict

institutional sexual misconduct by those of minority status is still needed.

Despite controversy surrounding the legal use of the construct with adolescents,

the presence of psychopathic traits has predicted both general and violent recidivism in

juvenile delinquents (Corrado et al., 2004; Edens et al., 2007) and juvenile sex offenders

(Gretton et al., 2001). However, other research has suggested that the PCL:YV is unable

to predict general recidivism in multiethnic groups (Edens & Campbell, 2007) and that its

predictive ability diminishes over time (Cauffman, Kimonis, Dmitrieva, & Monahan,

2009). While a meta-analysis suggested that it is possible to manage non-sexual physical

violence in juveniles housed in institutional settings who scored high on measures of

psychopathy (Edens & Campbell, 2007), few studies have investigated the utility of the

PCL:YV in the prediction of institutional sexual misconduct.

Purpose and Hypotheses

The purpose of the proposed study was to examine the utility of the Juvenile

Sexual Offender Assessment Protocol-II (J-SOAP-II; Prentky & Righthand, 2003) and

the Psychopathy Checklist: Youth Version (PCL: YV; Forth et al., 2003) in the prediction

of nonconsensual sexual misconduct within a male juvenile sexual offender residential

treatment program.

Hypothesis One

Due to evidence that the J-SOAP-II Scale 1 has a unique ability to predict sexual

recidivism (Viljoen et al., 2012), it was hypothesized that Scale 1 (Sexual

Drive/Preoccupation) would significantly predict juveniles who were more likely to

engage in acts of institutional sexual misconduct.

Hypothesis Two

Given that research has demonstrated increased levels of delinquent behavior among juvenile sexual offenders (Burkhart & Cook, 2010; Maletzky, 1999), along with a six-fold increased likelihood of committing a non-sexual offense compared to a sexual one (Caldwell, 2002), it was hypothesized that the J-SOAP-II Scale 2 (Impulsive, Antisocial) would significantly predict those adolescents who were more likely to engage in institutional sexual misconduct.

Hypothesis Three

Since prior research has shown that the J-SOAP-II Total score predicted acts of sexual recidivism across ages, settings, and ethnic groups (Prentky et al., 2009; Martinez et al., 2007; Viljoen et al., 2012), it was hypothesized that the J-SOAP-II Total score would significantly predict those adolescents who were more likely to engage in institutional sexual misconduct.

Hypothesis Four

Given that some research has supported that adolescents with higher PCL:YV Total scores were more likely to engage in sexually aggressive behaviors (Forth, 1995; Gretton et al., 2001), it was hypothesized that the PCL:YV Total score would significantly predict those juveniles who were more likely to engage in institutional sexual misconduct.

Hypothesis Five

Since the PCL:YV Factor 1 (Interpersonal) and Factor 4 (Antisocial) have significantly predicted sexual recidivism among juveniles (Parks & Bard, 2006), it was

predicted that these scales would also significantly predict those juveniles who were more

likely to engage in institutional sexual misconduct.

Method

In 1999, Alabama legislation mandated all juveniles adjudicated for a sexual

offense to receive sex-offender-specific treatment. This facilitated the collaboration

between the Alabama Department of Youth Services (DYS), the Department of

Psychology at Auburn University, and the School of Social Work at the University of

Alabama to provide this treatment. As a result, the Accountability Based Sex Offender

Program (ABSOP) was initiated. In 2000, the Mt. Meigs campus, located outside of

Montgomery, was selected as the primary treatment facility for male juveniles

adjudicated for sexual offenses throughout the state of Alabama. This campus houses

both sexual and non-sexual offenders, and sexual offenders are housed separately. The

entire facility is comprised of 13 dormitories with a possible capacity of 312 juvenile

males. As of 2010, sexual offenders resided in five dormitories on campus, with

approximately 150 sexual offenders on the campus at any given time.

Participants

Participants were male juvenile sexual offenders adjudicated for a sexual offense

and remanded to the Mt. Meigs juvenile correctional facility, an Alabama DYS facility,

for residential sex offender treatment between November 2004 and October 2010. Only

juveniles with J-SOAP-II and PCL:YV scores were used for the purposes of this study.

Those with missing J-SOAP-II and PCL:YV scores or those who were not assessed using

the J-SOAP-II were excluded ($n = 82$). Unless adjudicated as an adult, all individuals

under the age of 21 were considered juveniles. Approximately 9% (n = 35) of the participants were between the ages of 18 to 21.

Slightly over half of the participants were Caucasian (57.1%) while the remaining self-identified as African American (39.1%), Hispanic (1.3%), Bi-racial (1.8%), and Other (.8%; see Table 1). Age at admission into treatment ranged from 10.83 to 20.17 (M_{age} = 15.86, SD = 1.56). Across all participants, 71.2% (n = 277) were adjudicated for a sexual offense for the first time. Approximately 16% (n = 63) reported two adjudications for sexual offenses, 4.6 % (n = 18) reported three adjudications for sexual offenses, 1.5% (n = 6) reported four or more sexual offense adjudications, 1.0% (n = 4) reported a total of five sexual offense adjudications, and 0.3% (n = 1) reported a total of six sexual offense adjudications. Approximately 5% (n = 20) denied any sexual offense adjudications. Slightly over half of the participants (n = 203) reported the current offense as their first juvenile delinquent adjudication. Approximately 17% (n = 65) endorsed a total of two juvenile delinquency adjudications, 9.3% (n = 36) endorsed three juvenile delinquency adjudications, and 11.1% (n = 43) endorsed four or more juvenile delinquency adjudications.

Of the participants, 88.8 % (n = 340) reported their primary adjudication was for a sexual contact offense with the remaining reporting the following offenses as their primary committing offense: Interpersonal, non-sexual contact offense (n = 11, 2.9%), non-contact offense (n = 8, 2.1%), property offense (n = 6, 1.6%), drug offense (n = 3, 0.8%), and other (n = 13, 3.4%). Eight participants were missing information pertaining to the committing offense. The primary sexual offense adjudications were comprised of the following acts: Sexual Abuse, 1st Degree (n = 116, 29.8%); Sodomy, 1st Degree (n =

79, 20.3%); Sexual Misconduct ($n = 39$, 10.0 %); Rape, 2nd Degree ($n = 26$, 6.7%); Rape,

1st Degree ($n = 22$, 5.7%); Sexual Abuse, 2nd Degree ($n = 11$, 2.8%); Sodomy, 2nd Degree

($n = 9$, 2.3%); Sexual Assault, 1st Degree ($n = 8$, 2.1%); Indecent Exposure ($n = 6$, 1.5%);

Attempted Rape, 1st Degree ($n = 6$, 1.5%); Incest ($n = 6$, 1.5%); Sexual Harassment ($n =$

5, 1.3%); Attempted Sodomy ($n = 4$, 1.0%); Enticement of a Child ($n = 4$, 1.0%); and

Attempted Incest ($n = 1$, 0.3%; see Table 1). However, it should be noted that the offense

a juvenile was charged with may or may not be the same offense the juvenile actually

committed. Also, a juvenile's self-report of the committing offense and legal

documentation of adjudication may not always be consistent. Lastly, a juvenile

committed for a non-sexual offense may have been previously committed for an offense

that was sexual in nature. As such, all included participants were identified as sexual

offenders.

Alabama Sex Offense Laws

Alabama statutes included eight relevant types of sexual offenses: Rape, Sodomy,

Sexual Abuse, Sexual Abuse of a Child less than 12 years old, Incest, Enticement of a

Child for Sexual Purposes, Sexual Misconduct, and Indecent Exposure (See Appendix

A). In determining whether a sexual offense occurred, three areas were considered,

which included consent, 1st and 2nd degree distinctions, and identification of the sexual

act. Consent is what ultimately differentiates a legal sexual act from an illegal one. An

inability to give consent can occur for one of four reasons: Age, mental defectiveness,

incapacitation, or physical helplessness. The age of consent in Alabama is 16 rendering

sexual acts with those under the age of 16 by those over the age of 16 illegal. Mental

defectiveness is the inability to give consent due to mental disease or defect, such as

mental retardation or psychosis. Incapacitation occurs when an individual cannot consent due to being under the influence of alcohol or drugs. Physical helplessness refers to the inability to consent due to being unconscious or physically unable to make another aware of the unwillingness to participate in a sexual act (e.g., handicapped, paralyzed. To qualify as a sexual offense, a lack of consent is assumed with the exception of Sexual Misconduct (Acts 1977, No. 607, p. 812, §2301, 2330; Acts 1988, No. 88-339, p. 515).

Another important consideration is the distinction between 1st and 2nd degree offenses. Only Rape, Sodomy, and Sexual Abuse include 1st and 2nd degree categories, however, Sexual Abuse definitions slightly differ. For all three, the 1st degree category refers to sexual acts that involve force and/or coercion or an inability to consent due to mental incapacitation or physical helplessness. Additionally, Rape, Sodomy, and Sexual Abuse are 2nd degree offenses if the sexual act occurs due to an inability to consent because of mental defectiveness (Acts 1977, No. 607, p. 812, §2310-2311, 2315-2316, 2320-2321; Acts 1979, No. 79-471, p. 862, §1; Acts 1987, No. 87-607, p. 1056, §2-3; Acts 2000-726, p. 1557, §1; Act 2000-728, p. 1566, §1; Act 2006-575, p. 1512, §2).

For both Rape and Sodomy, offenses against those under the age of 12 by those over the age of 16 are 1st degree offenses. A 2nd degree offense occurs if the offender is over the age of 16 and the victim is over the age of 12, but still under age 16. However, only for Rape, there must be a two-year age difference to be classified as a 2nd degree offense. Rape and Sodomy in the 2nd degree are both Class B felonies, with possible prison sentences ranging from 2 to 20 years. For Sexual Abuse, the perpetrator must be at least 19 years old and the victim over the age of 12, but under age 16, to qualify for a 2nd degree offense (Acts 1977, No. 607, p. 812, §2310-2311, 2315-2316, 2320-2321;

Acts 1979, No. 79-471, p. 862, §1; Acts 1987, No. 87-607, p. 1056, §2-3; Act 2000-726, p. 1557, §1; Act 2000-728, p. 1566, §1; Act 2006-575, p. 1512, §2). For those with victims under the age of 12, Sexual Abuse of a Child less than 12 years old applies (Act 2006-575, §1).

To ascertain what law is most applicable, determining what sexual act occurred is required. Rape involves sexual intercourse between those of the opposite sex, while Sodomy is defined as "deviate sexual intercourse." Deviate sexual intercourse is sexual behavior involving the sex organs of one individual and the mouth or anus of another (e.g., oral/anal sex). As such, homosexual sexual intercourse is considered deviate sexual intercourse. Sexual Abuse is appropriate when sexual contact without penetration occurs. Sexual contact is defined as touching of sexual parts with the purpose of sexually gratifying either individual (e.g., fondling; Acts 1977, No. 607, p. 812, §2301; Acts 1988, No. 88-339, p. 515).

The remaining four laws, Incest, Enticement of a Child for Sexual Purposes, Indecent Exposure, and Sexual Misconduct, do not have 1st and 2nd degree distinctions. Incest involves marrying or engaging in sexual intercourse with someone who is known to be a relative by blood or half-blood, such as siblings or children (Acts 1977, No. 607, p. 812, §7010). Enticement of a Child for Sexual Purposes is defined as the intent to lure an individual who is less than 16 years old for the purposes of sexual contact, sexual intercourse, or deviate sexual intercourse (Acts 1967, No. 388, p. 976; Code 1975, §13-1-114; Act 2005-301, 1st Sp. Sess., §1).

Less serious offenses include Indecent Exposure and Sexual Misconduct. Indecent Exposure is defined as the exposure of one's genitals to another for the purposes

of arousal or sexual gratification. The perpetrator knowingly causes alarm or shock to others in either a public or a private place that can be easily seen by others (Acts 1977, No. 607, p. 812, §2325). Sexual Misconduct is defined as deviate sexual intercourse that occurs between two individuals in circumstances not covered by 1st and 2nd degree Sodomy laws. While Sexual Misconduct can also occur between males and females as well as between two females, only acts between males were relevant for the present study. Unlike the other sexual offenses, the ability to consent is not considered an arguable defense for Sexual Misconduct. Thus, individuals over the age of 16 can be charged with Sexual Misconduct (Acts 1977, No. 607, p. 812, §2318).

Measures

Institutional sexual misconduct. Sexual activity was coded institutional sexual misconduct if it occurred by force, without consent of the alleged victim, or if the victim was unable to give consent. The inability to give consent occurred as a result of age (under age 16), mental defectiveness (e.g., low intellectual capacity), incapacitation (e.g., under the influence of a drug), or physical helplessness (e.g., unconscious). While against institutional rules, sexual behavior not deemed illegal in the state of Alabama was not considered institutional sexual misconduct. Unless force/coercion was used, acts in which both individuals were under the age of 16 (e.g., experimentation) or both were over the age of 16 were excluded given their inability/ability to consent.

Juvenile Sex Offender Assessment Protocol-II (J-SOAP-II; Prentky & Righthand, 2003). The J-SOAP-II is a 28-item evaluator-completed checklist designed to assess risk factors associated with juvenile sexual and criminal reoffending in juveniles, ages 12 through 18, adjudicated for sexual offenses or adolescents in the

community who have demonstrated sexually coercive behaviors. Information used for

scoring is derived from multiple sources, including interviews with the juveniles, review

of file information, and collateral sources (e.g., parents, probation officers). Each item is

rated from 0 to 2 to reflect the degree of presence or absence of information assessed in

the item. Higher scores represent more dysfunction, with overall scores range from 0 to

56. A cut-off score is not advocated, but it has been suggested that scores over 30

represent a higher risk of sexual recidivism compared to scores below 30. Ratio scores

are recommended to reflect the relative amount of risk that is present within each scale

and for the combined total score (Prentky, Harris, Frizzell, & Righthand, 2000).

The J-SOAP-II has four scales: (1) Sexual Drive/Sexual Preoccupation (8 items),

(2) Impulsive, Antisocial Behavior (8 items), (3) Intervention (7 items), and (4)

Community Stability/Adjustment (5 items). The Sexual Drive/Preoccupation Scale

includes items pertaining to the sexual offense history, including the degree of planning

and aggression; sexual drive and preoccupation; and history of sexual victimization. The

Impulsive, Antisocial Behavior Scale includes items related to antisocial and conduct-

related problems, such as prior arrests and pervasive anger issues. This scale also

includes familial factors, such as the consistency of caregivers in young childhood and

exposure to violence. The Intervention Scale includes items relevant to treatment, such

as accountability for the offense, remorse, empathy, and an understanding of contributing

risk factors. Items pertaining to peer relationships are also included. The Community

Stability/Adjustment Scale is only scored if the juvenile lived in the community for at

least two months prior to incarceration in a residential facility. Items in this scale include

the youth's ability to manage anger and sexual impulses. The stability of the youth's

environment is also assessed, at home and at school. Reassessment of Scales 3 and 4 is recommended every six months (See Appendix B). For the present analyses, all pre-treatment scale scores, along with J-SOAP-II Total score, were used.

Inter-rater reliability estimates for the J-SOAP-II have ranged from good to excellent (Prentky, Pimental, Cavanaugh, & Righthand, 2009; Viljoen et al., 2008). In a recent meta-analysis investigating risk measures used to predict sexual recidivism among adolescent male sexual offenders, concurrent validity was shown between the J-SOAP-II Total score and the Total scores of similar sexual risk measures (e.g., ERASOR, J-SORRAT-II; Viljoen et al., 2012).

The Psychopathy Checklist: Youth Version (PCL:YV; Forth, Kosson, &

Hare, 2003). The PCL:YV is a 20-item clinical rating scale used to evaluate psychopathic characteristics and behaviors in adolescents' ages 12 to 18 years. Semi-structured interviews, collateral information, and file reviews were used to obtain scores. Each item was rated on a three-point scale as *Consistently Absent, Inconsistently Present*, or *Consistently Present*. Scores ranged from 0 to 40 with higher scores indicative of more psychopathic traits. While a score of 30 is used as a cut-off for psychopathy in adults, there is no recommended cut-off score for use in adolescent populations. Other versions of the Psychopathy Checklist include a screener (PCL:SV), an adult version (PCL-R), and a Dutch version (PCL:JV; Forth et al., 2003).

The PCL:YV derives four factor scores, which are Interpersonal (Factor 1), Affective (Factor 2), Lifestyle (Factor 3), and Antisocial (Factor 4; Book et al., 2006). Interpersonal features include impression management, grandiose self-worth, pathological lying, and manipulation for personal gain. Affective features include a lack

of remorse, shallow affect, callous/lack of empathy, and a failure to accept responsibility.

Lifestyle features include stimulation seeking, parasitic orientation, impulsivity,

irresponsibility, and the lack of goals. Antisocial features include poor anger control,

early behavior problems, serious criminal behavior, serious violations of conditional

release, and criminal versatility (Hare & Neumann, 2005). Items pertaining to

impersonal sexual behavior and unstable interpersonal relationships did not load on any

of the four factors, however, they were used in tallying the Total score (Hare, 2003).

Psychometric properties of the PCL:YV have varied depending on the setting in which

the measure is used. For institutionalized samples, acceptable interrater reliability

estimates for individual items as well as Total scores were reported by the authors.

Internal consistency was acceptable for Total scores. Total scores were not reported to be

influenced by age, ethnicity, or gender (Forth et al., 2003). Modest concurrent validity

was shown between the PCL:YV Total score and the Antisocial Process Screening

Device (APSD; Frick & Hare, 2001). The APSD is a similar measure used with younger

children, or those ages 6 to 13. However, unlike the PCL:YV, the APSD is rated by a

teacher or parent. Although most incarcerated adolescents met criteria for Conduct

Disorder, low percentages, ranging from 20 to 30%, were reported to obtain PCL:YV

Total scores of 30 or higher. At the same time, those adolescents who engaged in

aggressive acts were more likely to have higher scores on the PCL:YV. As with adults,

institutional acts of misconduct, especially those deemed aggressive, were associated

with PCL:YV scores in adolescent populations. Research investigating the predictive

validity of the PCL:YV showed that adolescents with higher PCL:YV Total scores

showed an inclination towards violent acts into early adulthood. PCL:YV Total scores

have also predicted general and violent recidivism, but not sexual recidivism (Forth et al., 2003).

Procedure

Data was gathered from the ABSOP located at the Mt. Meigs complex of DYS. Each juvenile was given detailed information about the pre-treatment protocol and provided with an assent form. Identification numbers were used to protect confidentiality, and this process was explained to the juvenile. All juveniles were told that participation was voluntary and they could withdraw at any time without penalty although completion of the pre-treatment assessment was a required component of treatment. All juveniles were encouraged to answer questions honestly, and inconsistencies between self-report and file information were examined and investigated.

Upon entry into treatment at the ABSOP, juveniles completed a comprehensive pre-treatment assessment protocol. Two important components of this protocol relevant to this proposal include the Hare Psychopathy Checklist: Youth Version (PCL:YV) and the Juvenile Sex Offender Assessment Protocol (J-SOAP-II). The most recent version of the J-SOAP was revised in 2003, but the J-SOAP-II was not used at the ABSOP until November of 2004. Although a post-treatment protocol was also completed, this information was not pertinent to this proposal. For the purposes of the present investigation, only the pre-treatment J-SOAP-II and PCL:YV scores, along with acts of institutional sexual misconduct, were examined.

All interview and clinical data were obtained by advanced graduate students in the clinical psychology program of Auburn University. Undergraduate research assistants administered self-report measures to the juveniles. Prior to the assessment, all graduate

students completed a comprehensive training session. This session included training in establishing rapport, specific interviewing skills for eliciting information, and scoring/coding procedures for the self-report measures, interview questions, and clinician-rating scales. If a graduate researcher had questions related to the assessment, a licensed clinical psychologist was available for consultation. Graduate student researchers met weekly to discuss any issues that had arisen and to resolve scoring/coding discrepancies.

During the first assessment, all graduate research students were observed by an experienced clinician. Following this, both the graduate research student and the experienced clinician independently scored the information to resolve scoring discrepancies. To ensure reliability, calibration between graduate students and experienced clinicians continued until discrepancies between scores were negligible. Undergraduate research assistants received training in establishing rapport with juvenile delinquents. To improve the validity of the juvenile's responses to self-report measures, the undergraduate assistants also learned how to identify those juveniles with reading and/or learning difficulties and provided help to those who did not understand the questions. For those juveniles who had difficulties reading, questionnaires were read to them. For manually scored measures, undergraduate assistants were instructed to double check accuracy prior to documenting scores. Scoring was randomly checked by graduate research assistants to ensure accuracy. Prior to entering scores into the main database, graduate research assistants coded interview-based variables and test scores on a variable coding sheet. To ensure reliability, information from the interview and test protocols, to the variable coding sheet, and to the database, were randomly checked for accuracy.

Throughout treatment, all incidents of illegal and nonconsensual institutional

sexual misconduct were documented by staff. Documentation included the individuals

identified as being involved in the incident, the date the incident occurred, the place the

incident occurred, and the specific details of the sexual incident. All parties involved

were questioned about each incident to determine the veracity of the report. All incidents

were entered into a database by a clinical social worker at the ABSOP, reported to DYS

administration, and investigated by the legal department to determine if additional legal

charges should be pursued. Information pertaining to the sexual incidents was kept

separate from the primary database, and was verified with administrative personnel to

ensure that accurate information was obtained for the purposes of this study.

Results

Descriptive Analyses

For all participants, the percentages of race and committing offense across groups

are presented in Table 1. The means and standard deviations of age, J-SOAP-II, and

PCL:YV scores across groups are presented in Table 2. Within the control group,

slightly over half of the participants were Caucasian (n = 199, 56.2%) while the

remaining self-identified as African American (n = 142, 40.1%), Hispanic (n = 4, 1.1%),

Bi-racial (n = 7, 2.0%), and Other (n = 2, 0.6%). Within the perpetrator group, the

majority were Caucasian (n = 23, 65.7%) while the remaining self-identified as African

American (n = 10, 28.6%), Hispanic (n = 1, 2.9%), and Other (n = 1, 2.9%; see Table 1).

For the control group, the age at admission into treatment ranged from 11.67 to 20.17

(M_{age} = 15.93, SD = 1.52). For the perpetrator group, the age at admission into treatment

ranged from 10.83 to 18.08 (M_{age} = 15.41, SD = 1.84; see Table 2).

A total of 62 participants reported engaging in sexual acts while incarcerated on the Mt. Meigs campus (see Figure 1). This included victimization ($n = 9$, 14.5%); consensual acts in which both were over the age of 16 ($n = 3$, 4.8%); experimental acts in which both were under the age of 16 ($n = 7$, 11.3%); experimentation and victimization ($n = 1$, 1.6%); experimentation and consensual acts ($n = 1$, 1.6%); and sexual misconduct only ($n = 6$, 9.7%). Most who engaged in institutional sexual misconduct were solely perpetrators ($n = 21$, 33.9%), but some perpetrators also reported having been victimized ($n = 11$, 17.7%) as well as consensual sexual behavior ($n = 3$, 4.8%). Those who engaged only in acts of sexual misconduct were not identified as perpetrators given that these offenses were not likely to be charged as such within the community.

Of the 389 participants, 9.0% were identified as perpetrators of institutional sexual misconduct ($n = 35$). Initially, 37 perpetrators were identified, but only 35 had J-SOAP-II Scale 4 information. Given this, two participants were excluded from the final analyses. When coded by the worst possible sexual act committed by perpetrators, the types of institutional sexual misconduct incidents that occurred during treatment included the following: Sodomy 2nd degree ($n = 12$, 34.3%), Indecent Exposure ($n = 12$, 34.3%), and Enticement of a Child ($n = 11$, 31.4%; see Figure 2). Rape was not included as a possible sexual act with this population given that Alabama law states that rape can only occur between members of the opposite sex.

Correlational Analyses of the J-SOAP-II, PCL:YV, and Age

Bivariate correlations examined the relationship of the scales within the measures in question, the J-SOAP-II and the PCL:YV, as well as between the J-SOAP-II scales, the PCL:YV factors, and the age of participants (see Table 3). Results showed that age was

significantly negatively correlated with the J-SOAP-II Total score ($p<.05$) in that younger

adolescents had higher J-SOAP-II Total scores. However, age was not significantly

correlated with any other scales of the J-SOAP-II. Age was also not significantly

correlated with any of the factors of the PCL:YV nor was it significantly correlated with

the PCL:YV Total score. As such, age was only statistically controlled for in analyses

using the J-SOAP-II Total score.

For the J-SOAP-II, with the exception of Scale 3 (Intervention), Scale 1 (Sex

Drive/Preoccupation) was significantly positively correlated with Scale 2 (Impulsive,

Antisocial; $p<.05$), Scale 4 (Community Stability/Adjustment; $p<.01$), and the Total score

($p<.01$). A significant positive relationship was found between Scale 2 and all other

scales ($p<.01$) as well as the Total score of the J-SOAP-II ($p<.01$). With the exception of

Scale 1, Scale 3 was significantly positively related to all other scale scores ($p<.01$) and

the Total score ($p<.01$). Scale 4 was also significantly positively correlated with all scale

scores ($p<.01$) and the Total score ($p<.01$; see Table 3).

For the PCL:YV, Factor 1 (Interpersonal) was significantly correlated with Factor

2 (Affective; $p<.01$), Factor 3 (Lifestyle; $p<.01$), Factor 4 (Antisocial; $p<.01$), and the

Total score ($p<.01$). Factor 2 (Affective) was significantly positively correlated with all

other factors and the Total score ($p<.01$). Factor 3 was significantly positively correlated

with all other factors and the Total score ($p<.01$). Factor 4 was significantly positively

correlated with all other factors and the Total score ($p<.01$; see Table 3).

Except for the relationship between the J-SOAP-II Scale 1 (Sexual

Drive/Preoccupation) and the PCL:YV Factor 2 (Affective), all of the J-SOAP-II Scales

were significantly correlated with all factors of the PCL:YV and the Total score. The J-

SOAP-II Scale 1 (Sexual Drive/Preoccupation) was significantly positively correlated with PCL:YV Factor 1 (Interpersonal, $p<.01$), Factor 3 (Lifestyle, $p<.01$), Factor 4 (Antisocial, $p<.05$), and the Total score ($p<.01$). Scale 2 (Impulsive, Antisocial) of the J-SOAP-II was significantly positively correlated with all PCL:YV factors ($p<.01$) and the Total score ($p<.01$). Scale 3 (Intervention) of the J-SOAP-II was significantly positively correlated with all PCL:YV factors ($p<.01$) and the Total score ($p<.01$). Scale 4 (Community Stability/Adjustment) of the J-SOAP-II was significantly positively correlated with all PCL:YV factors ($p<.01$) and the Total score ($p<.01$; see Table 3).

Race and Sexual Misconduct Status

Pearson chi-square analyses were used to determine if a significant relationship existed between race and sexual misconduct status (e.g., perpetrator or control). Chi-square analyses showed no significant relationship between race and sexual misconduct status, χ^2 (4, $n = 389$) = .27, NS. As such, race was not controlled for in later analyses.

Predictors of Institutional Sexual Misconduct

Given that normal distributions were not obtained with some scales of the J-SOAP-II and the PCL:YV, binomial logistic regression analyses were utilized. Binomial logistic regression analyses examined the predictive value of the J-SOAP-II and PCL:YV for institutional sexual misconduct (see Table 4). Due to the high multicollinearity between and within the J-SOAP-II and the PCL:YV, only the Total scores were used in the analyses for each of these measures. Each measure was analyzed separately. For the J-SOAP-II, age was included as a covariate given the significant negative relationship between age and the J-SOAP-II Total score. Engagement in sexual misconduct was the

dichotomous dependent variable.

For the J-SOAP-II Total score, analyses revealed that if no information about the juvenile was made available (e.g., constant only), treatment providers were correct 91.0% of the time (100% for Controls and 0% for Perpetrators) in the prediction of who would not engage in institutional sexual misconduct. A test of the full model against a constant only model was statistically significant, indicating that the J-SOAP-II Total score reliably distinguished between perpetrators and controls, $\chi^2 = 11.73$, $p<.01$, df = 2. The Cox and Snell R^2 suggested that 3.0% of the variation in the dependent variable (control versus perpetrator) was explained by the logistic model. Nagelkerke's R^2 suggested that 6.5% of the model was explained by the J-SOAP-II Total score. As such, this was indicative of a weak relationship between prediction and grouping. However, the H-L statistic indicated that the model was a good fit, $\chi^2 = 10.71$, $p = .22$, df = 8.

With the addition of age and the J-SOAP-II Total score, treatment providers were correct 91.0% of the time (100% for Controls and 0% for Perpetrators) in the prediction of who would not engage in institutional sexual misconduct. Sensitivity was 0% (0/35) and specificity was 100% (354/354). Positive predictive power (PPV) was 0% (0/0) and negative predictive power (NPV) was 91.0% (354/389). As such, predictions made using the J-SOAP-II Total score did not differ from predictions made using no information. The Wald criterion showed that the J-SOAP-II Total score significantly predicted group membership ($p = .005$). When the J-SOAP-II Total score was raised by one point, the odds ratio was 1.07 times as large. Therefore, juveniles were 1.07 times more likely to commit institutional sexual misconduct each time the Total score increased by 1 point.

The use of the PCL:YV Total score showed similar findings. For the Total score, analyses revealed that if no information about the juvenile was made available (e.g., constant only), treatment providers were correct 91.0% of the time (100% for Controls and 0% for Perpetrators) in predicting who would not engage in institutional sexual misconduct. A test of the full model against a constant only model was statistically significant, indicating that the PCL:YV Total score reliably distinguished between perpetrators and controls, χ^2 = 5.03, p<.05, df = 1. The Cox and Snell R^2 suggested that 1.3% of the variation in the dependent variable (control versus perpetrator) was explained by the logistic model. Nagelkerke's R^2 suggested that 2.8% of the model was explained by the PCL:YV Total score. As such, this was indicative of a weak relationship between prediction and grouping. However, the *H-L* statistic indicated that the model was a good fit, χ^2 = 11.34, p = .18, df = 8.

With the addition of the PCL:YV Total score, treatment providers were correct 91.0% of the time (100% for Controls and 0% for Perpetrators) in the prediction of who would not engage in institutional sexual misconduct. Sensitivity was 0% (0/35) and specificity was 100% (362/362). Positive predictive power (PPV) was 0% (0/0) and negative predictive power (NPV) was 91.0% (362/397). As such, predictions made using the PCL:YV Total score did not differ from predictions made when no information is made available. The Wald criterion showed that the PCL:YV Total score significantly predicted group membership (p = .023). When the PCL:YV Total score was raised by one point, the odds ratio was 1.05 times as large. Therefore, juveniles were 1.05 times more likely to commit institutional sexual misconduct each time the Total score increased by 1 point.

Low power (n = 35 perpetrators) combined with low base rates of juvenile sexual offending, including offending within residential treatment programs, could explain these findings. As such, more appropriate statistical analyses for low base rate behaviors were utilized.

Given the low base rate of sexual offenses in juvenile populations, ROC analyses was utilized to examine the J-SOAP-II (Total score, 4 scales) and the PCL:YV (Total score, 4 factors) to determine their ability to distinguish between juveniles who engaged in illegal acts of institutional sexual misconduct and those who had not (see Table 5).

For the J-SOAP-II, all of the ROC curves departed from the line of no information in a positive direction (see Figure 3), but only the AUC for Sexual Drive/Sexual Preoccupation (AUC = 0.69, S.E. = .05, C.I. = .59 to .78, p<.001) and the J-SOAP-II Total score (AUC = 0.64, S.E. = .05, C.I. = .54 to .74, p<.01) was significant. Since it may have been more useful to include ratio scores for the J-SOAP-II rather than actual scores given the variable number of items per scale, the analyses were repeated using ratio scores. However, ratio scores did not provide any additional information and were not used in the final analyses. For the PCL:YV, all of the ROC curves also departed from the line of no information in a positive direction (see Figure 4), but only the AUC for the Interpersonal Factor (AUC = 0.67, S.E. = .04, C.I. = .58 to .75, p<.01) was significant.

J-SOAP-II and PCL:YV Cut-off Scores

For the J-SOAP-II Scale 1, J-SOAP-II Total score, and the PCL:YV Factor 1, the range of possible cut-off scores was computed (see Table 6). Using the J-SOAP-II Scale 1, the most appropriate classification cut-off was four or greater. More specifically, a

score of at least four indicated that 77.1% of perpetrators would be correctly classified as

a perpetrator of institutional sexual misconduct while 44.4% would be misclassified as a

perpetrator. Increasing the cut-off score any higher than three also increased

misclassification to more than 50%.

For the J-SOAP-II Total score, the most appropriate classification cut-off was 24

or greater. More specifically, a score of 24 or greater indicated that 68.6% of perpetrators

would be correctly classified as a perpetrator while 47.2% would be misclassified as a

perpetrator. Increasing the cut-off score any higher than 24 also increased

misclassification to more than 50%.

For the PCL:YV Scale 1 score, the most appropriate classification cut-off was

three or greater. More specifically, a score of at least three indicated that 51.4% of

perpetrators would be correctly classified as a perpetrator while 30.8% would be

misclassified as a perpetrator. Increasing the cut-off score any higher than three also

increased misclassification to 50%.

Discussion

As hypothesized, J-SOAP-II Total scores as well as Scale 1 (Sexual

Drive/Preoccupation) scores demonstrated statistically significant predictive utility in

identifying which juveniles were most likely to engage in acts of illegal and

nonconsensual sexual misconduct. More specifically, the results suggested a 69%

probability that a randomly selected juvenile who had engaged in institutional sexual

misconduct would have a higher Scale 1 score compared to a juvenile who had not

engaged in institutional sexual misconduct. The probability obtained by the J-SOAP-II

Total score was slightly lower, at 65%. It is most likely that the significance of the Total

score was driven by the significant findings for Scale 1. However, these findings also

suggest that other information may play a role in identifying those who will continue to

perpetrate.

Contrary to the hypothesis, Scale 2 (Impulsive/Antisocial) scale of the J-SOAP-II

did not significantly differentiate these two groups. Additionally, the other two scales of

the J-SOAP-II (Intervention; Community Stability/Adjustment) did not significantly

predict institutional sexual misconduct. As such, investigators should continue to explore

alternative measures when evaluating the risk for sexual reoffense.

Consistent with the hypothesis, the PCL:YV Interpersonal Factor significantly

differentiated between perpetrators and controls. This finding suggested that adolescents

who perpetrate institutional sexual misconduct also display some characteristics of

psychopathy, such as impression management, grandiose self-worth, pathological lying,

and manipulation for personal gain. These adolescents attempt to impress others, but are

often not sophisticated enough to succeed in doing so (e.g., "use jargon inappropriately";

Forth et al., 2003, p. 33). As a result, they present to others as insincere and superficial.

These adolescents will typically exaggerate their abilities in a glib manner. Blaming

external factors for problems, rather than taking responsibility, is common and

pathological lying occurs across settings, individuals, and contexts. When caught, these

adolescents will not show embarrassment, but rather will attempt to make their story fit

the facts. They do not feel badly for lying to others, and are often proud of their ability to

do so. Lastly, the Interpersonal Factor of the PCL:YV describes adolescents who

proactively use others for personal gain. There is a lack of regard for how their deception

affects others (Forth et al., 2003). At the same time, compared to Factor 3 (Lifestyle) and Factor 4 (Antisocial), scoring the Interpersonal Factor of the PCL:YV is more subjective.

Contrary to the hypothesis, Factor 4 (Antisocial) of the PCL:YV did not significantly differentiate between perpetrators and controls. The inability of both scales specific to antisocial behaviors (e.g., Scale 2 of J-SOAP-II, Factor 4 of PCL:YV) to predict institutional sexual misconduct reveals important information. Despite the fact that most juvenile sexual offenders are similarly delinquent, those who engage in institutional sexual misconduct may not exhibit other externalizing behavior problems (e.g., anger, prior criminal history, impulsivity).

Contrary to the hypothesis, the PCL:YV Total score did not significantly differentiate between perpetrators and controls. However, it is of note that the Total score approached significance. This suggests that the Total score may have emerged as more useful if a larger number of perpetrators had been identified. As such, additional research using the PCL: YV Total score with adolescents who perpetrate institutional sexual misconduct is needed.

One purpose of the current study was to investigate the utility of the J-SOAP-II and the PCL:YV in predicting institutional sexual misconduct by those of minority status. While the sample consisted primarily of Caucasian adolescents, there were also a large percentage of African-Americans. Analyses did not indicate a significant difference between racial groups in regards to perpetrator status. As such, the following results can be applied to both Caucasian and African-American juvenile sexual offenders. More research, however, is still needed to determine if these results apply to other minority groups.

Caution should be exercised in the interpretation of these results. While the results suggest predictive utility was significantly better than chance, the effect size was also small and may not be as clinically useful in the determination of risk given the low base rates. At the same time, especially in placement decisions within institutions, the use of these scores might be beneficial as a tool to supplement other information. The significance of Scale 1 (Sexual Drive/Preoccupation) of the J-SOAP-II and continued perpetration was consistent with prior literature, and suggested a possible means of identifying those who were more likely to continue sexually offending patterns of behavior. This information could inform treatment providers and administrative staff in more effective management of juveniles adjudicated to sexual offender specific residential treatment programs, as these adolescents may need increased supervision. This information could also guide treatment interventions and intensity.

Unfortunately, using this information also misclassifies a high percentage of adolescents who will not victimize others. With this population, however, it is more important to identify appropriate cut-offs based upon higher sensitivity (e.g., true positives) at the expense of specificity (e.g., false positives). The cost of increased supervision is inconsequential compared to the cost of victimization.

Limitations

A primary limitation for this study was the small sample size of perpetrators (n = 35), which led to low power in identifying significant findings. Despite this, ROC analyses were able to discern some significant findings, whereas other analyses (e.g., regression) were less able to do so. To increase power, larger samples of perpetrators of institutional sexual misconduct are needed to truly know whether the J-SOAP-II or the

PCL:YV inform predictions of institutional sexual misconduct. Another limitation was the exclusion of adolescent females adjudicated for sexual offenses. As such, the results are less generalizable to juvenile sexual offenders as a whole and females, in particular. Future research should explore the ability of current risk assessment measures to predict institutional sexual misconduct in female populations. The use of only one placement setting, residential treatment, to investigate the utility of these measures in predicting sexual misconduct is another limitation. As such, the findings may be less applicable for adolescents who are receiving outpatient sex-offender-specific treatment. While adolescents receiving outpatient sex-offender-specific services are likely to be the less serious type of offender, outpatient treatment recommendations can also depend on the treatment options available in a particular region. The investigation of these the J-SOAP-II and PCL-YV to inform about supervision needs for juveniles receiving outpatient sex offender treatment is also warranted.

Given the negative ramifications associated with community notification and public registration as a sex offender, empirically guided risk assessment of these youth is critical. Not only does appropriate risk designation protect the public once the juvenile is released, but pre-treatment risk scores could guide intervention, intensity, and management within juvenile residential treatment facilities. For vulnerable youth, it could prevent additional victimization; a point illustrated by the higher rates of substantiated sexual violence in juvenile facilities compared to adult jails and prisons (Beck et al., 2008). The prevention of sexual victimization should be a necessary component of any treatment program, especially those aimed at providing treatment specific to sexual offenses.

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Table 1

Descriptive Statistics (categorical)

Variables	n	All % of 389	n	Controls % of 354	n	Perpetrators % of 35
Race						
Caucasian	222	57.1	199	56.2	23	65.7
African-American	152	39.1	142	40.1	10	28.6
Hispanic	5	1.3	4	1.1	1	2.9
Biracial	7	1.8	7	2	-	-
Other	3	0.8	2	0.6	1	2.9
Total	389		354		35	
Committing Offense						
Rape						
1st Degree	36	9.3	35	9.9	1	2.9
2nd Degree	26	6.7	26	7.3	-	-
Sodomy						
1st Degree	83	21.3	73	20.6	10	28.6
2nd Degree	9	2.3	7	2.0	2	5.7
Sexual Abuse						
1st Degree	116	29.8	107	30.2	9	25.7
2nd Degree	11	2.8	10	2.8	1	2.9
Incest	7	1.8	6	1.7	1	2.9
Enticement of a Child	4	1.0	3	0.9	1	2.9
Indecent Exposure	6	1.5	5	1.4	1	2.9
Sexual Misconduct	39	10.0	39	11.0	-	-
Sexual Harassment	5	1.3	3	0.9	2	5.7
Other (Non-Sexual)	40	10.3	35	9.9	5	14.3
Denied	1	0.3	-	-	1	2.9
Missing	6	1.5	5	1.4	1	2.9
Total	389		354		35	

Note. An attempted act was subsumed under the actual act (e.g., attempted 1st degree rape

would be considered 1st degree rape). Non-sexual offenses identified included the

following: Criminal Mischief; Theft of Property; 2nd Degree; Theft of Property, 3rd

Degree; Probation Violation; Harassment; DUI; Menacing; Burglary, 2nd Degree;

Burglary, 3rd Degree; Ungovernable Child (CHINS); Runaway; Assault; Assault, 3rd

Degree; Domestic Violence; and Violation of Aftercare.

Table 2

Descriptive Statistics (continuous)

Variables	*n*	All M	SD	*n*	Controls M	SD	*n*	Perpetrators M	SD
Age	389	15.88	1.56	354	15.92	1.53	35	15.41	1.84
J-SOAP-II									
Scale 1	389	3.80	2.92	354	3.60	2.77	35	5.86	3.57
Scale 2	389	7.65	3.78	354	7.59	3.79	35	8.31	3.64
Scale 3	389	8.46	3.11	354	8.39	3.13	35	9.14	2.90
Scale 4	389	3.51	2.27	354	3.46	2.25	35	3.97	2.42
Total	389	23.42	8.00	354	23.04	7.81	35	27.29	8.93
J-SOAP-II									
Scale 1 (ratio)	389	23.75	18.24	354	22.48	17.32	35	36.61	22.29
Scale 2 (ratio)	389	47.83	23.61	354	47.42	23.69	35	51.96	22.73
Scale 3 (ratio)	389	60.41	22.26	354	59.93	22.38	35	65.31	20.73
Scale 4 (ratio)	389	35.09	22.69	354	34.63	22.52	35	39.71	24.19
Total (ratio)	389	41.82	14.28	354	41.14	13.95	35	48.72	15.95
PCL:YV									
Factor 1	389	2.11	2.02	354	2.00	1.97	35	3.17	2.24
Factor 2	389	3.66	2.13	354	3.60	2.11	35	4.31	2.30
Factor 3	389	3.71	2.29	354	3.67	2.25	35	4.14	2.60
Factor 4	389	3.32	2.44	354	3.25	2.42	35	3.94	2.60
Total	389	13.92	7.65	354	13.64	7.46	35	16.77	8.95

Note. J-SOAP-II = Juvenile Sex Offender Assessment Protocol-II, Scale 1 = Sexual

Drive/Preoccupation, Scale 2 = Impulsive, Antisocial Behavior, Scale 3 = Intervention,

Scale 4 = Community Stability/Adjustment; PCL:YV = Psychopathy Checklist: Youth

Version, Factor 1 = Interpersonal, Factor 2 = Affective, Factor 3 = Lifestyle, Factor 4 =

Antisocial; J-SOAP-II Ratio scores are expressed in percentages and represent the score

received for that scale divided by the total possible and multiplied by 100.

Table 3

Bivariate Correlations (two-tailed)

Measure	Age	J-SOAP-II Scales					PCL:YV Factors				
		1	2	3	4	Total	1	2	3	4	Total
Age	-										
J-SOAP-II											
Scale 1	-.08	-									
Scale 2	-.07	.12*	-								
Scale 3	-.05	-.06	.29**	-							
Scale 4	-.08	.15**	.63**	.36**	-						
Total	-.10*	.44**	.81**	.61**	.78**	-					
PCL:YV											
Factor 1	.06	.27**	.44**	.39**	.39**	.57**	-				
Factor 2	-.10	.01	.28**	.76**	.32**	.52**	.44**	-			
Factor 3	-.05	.17**	.58**	.36**	.56**	.63**	.51**	.41**	-		
Factor 4	.00	.12*	.80**	.29**	.57**	.70**	.48**	.34**	.60**	-	
Total	.00	.20**	.69**	.57**	.62**	.80**	.76**	.68**	.81**	.80**	-

Note. Bivariate correlations for participants are presented below the diagonal. For all

scales other than age, higher scores are indicative of more extreme responding in the

direction of the construct assessed. J-SOAP-II = Juvenile Sex Offender Assessment

Protocol-II, Scale 1 = Sexual Drive/Preoccupation, Scale 2 = Impulsive, Antisocial

Behavior, Scale 3 = Intervention, Scale 4 = Community Stability/Adjustment; PCL:YV =

Psychopathy Checklist: Youth Version, Factor 1 = Interpersonal, Factor 2 = Affective,

Factor 3 = Lifestyle, Factor 4 = Antisocial.

**p<.01; *p<.05

Table 4

Predictors of Institutional Sexual Misconduct

Parameter	B	SE (B)	χ^2 (Wald) df=1	Exp (B)	95% CI for Exp (B)	
Age	-.19	.12	2.67	.83	.66	1.04
J-SOAP-II Total	.07	.02	8.02**	1.07	1.02	1.12
Constant	-.97	1.94	.25	.38		
Nagelkerke R^2				.07		
Cox & Snell R^2				.03		
PCL:YV Total	.05	.02	5.22*	1.05	1.01	1.10
Constant	-3.06	.40	59.94***	.05		
Nagelkerke R^2				.03		
Cox & Snell R^2				.01		

Note. J-SOAP-II = Juvenile Sex Offender Assessment Protocol-II; PCL:YV =

Psychopathy Checklist: Youth Version

***p<.001; **p<.01; *p<.05

Table 5

Comparison of Risk Assessment Tools in Predicting Institutional Sexual Misconduct

Measure	AUC	SE	95% CI
J-SOAP-II			
Scale 1	.69**	.05	.60 - .79
Scale 2	.56	.05	.46 - .65
Scale 3	.57	.05	.47 - .66
Scale 4	.56	.05	.46 - .67
Total	.65**	.05	.55 - .75
PCL:YV			
Factor 1	.67**	.04	.58 - .75
Factor 2	.58	.05	.48 - .68
Factor 3	.56	.06	.45 - .67
Factor 4	.58	.05	.48 - .67
Total	.60	.05	.50 - .70

Note. J-SOAP-II = Juvenile Sex Offender Assessment Protocol-II, Scale 1 = Sexual

Drive/Preoccupation, Scale 2 = Impulsive, Antisocial Behavior, Scale 3 = Intervention,

Scale 4 = Community Stability/Adjustment; PCL:YV = Psychopathy Checklist: Youth

Version, Factor 1 = Interpersonal, Factor 2 = Affective, Factor 3 = Lifestyle, Factor 4 =

Antisocial

**p<.01; *p<.05

Table 6

Range of possible cut-off scores for J-SOAP-II and PCL:YV

|	J-SOAP-II Scale 1		J-SOAP-II Total		PCL:YV Factor 1	
Positive if ≥	Sensitivity (true positive)	1-Specificity (false positive)	Sensitivity (true positive)	1-Specificity (false positive)	Sensitivity (true positive)	1-Specificity (false positive)
.50	.971	.879			.943	.737
1.50	.857	.740			.743	.500
2.50	.800	.576			**.514**	**.308**
3.50	**.771**	**.444**			.343	.201
4.50	.600	.333			.257	.121
5.50	.457	.234			.200	.082
6.50	.400	.153	1.00	.992	.143	.034
7.50	.314	.121	.971	.989	.029	.017
8.50	.229	.065	.971	.983	.000	.000
9.50	.200	.031	.971	.966		
10.50	.143	.017	.943	.960		
11.50	.086	.003	.943	.929		
12.50	.029	.000	.943	.901		
13.50			.914	.873		
14.50			.914	.842		
15.50			.914	.822		
16.50			.914	.782		
17.50			.886	.737		
18.50			.829	.706		
19.50			.829	.658		
20.50			.771	.613		
21.50			.743	.573		
22.50			.714	.528		
23.50			**.686**	**.472**		
24.50			.629	.427		
25.50			.600	.376		
26.50			.543	.356		
27.50			.514	.297		
28.50			.400	.249		
29.50			.400	.212		
30.50			.343	.186		
31.50			.314	.147		
32.50			.286	.107		
33.50			.257	.085		
34.50			.257	.071		
35.50			.200	.059		
36.50			.143	.048		

37.50	.114	.034
39.00	.114	.023
40.50	.086	.014
41.50	.057	.006
43.00	.029	.003
44.50	.000	.003
46.00	.000	.000

Note. Suggested cut-off scores are indicated in boldface. J-SOAP-II = Juvenile Sex

Offender Assessment Protocol-II, Scale 1 = Sexual Drive/Preoccupation; and PCL:YV =

Psychopathy Checklist: Youth Version, Factor 1 = Interpersonal.
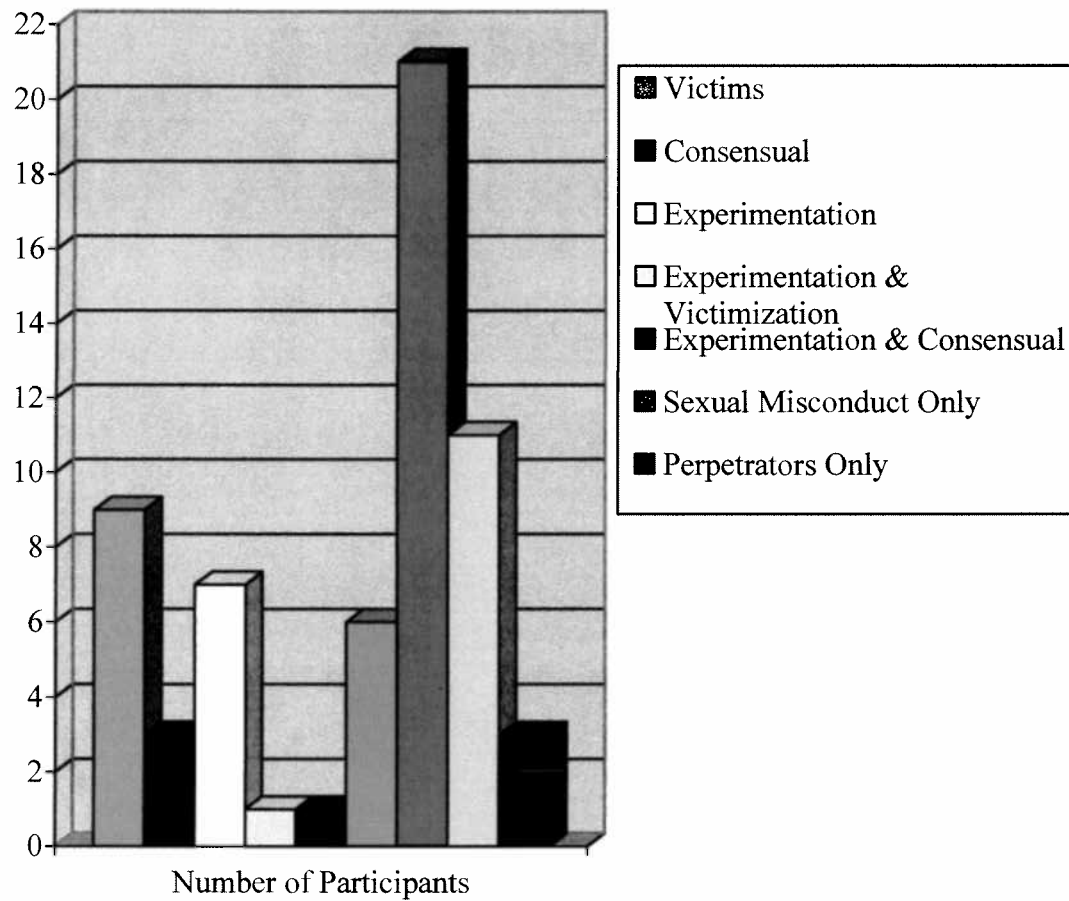
Figure 1. Acts of Institutional Sexual Misconduct. The numbers represent how many

participants reported acts of institutional sexual misconduct, which included acts

considered to be consensual (both participants over the age of 16) and/or experimental

(both participants under the age of 16).
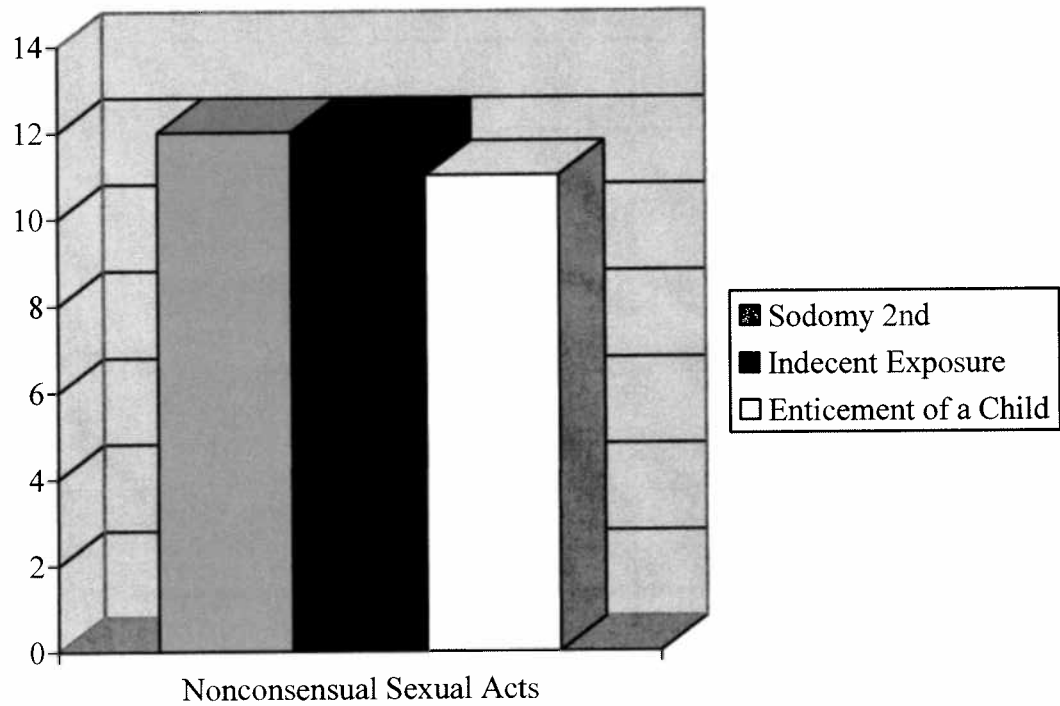
Figure 2. Acts of Nonconsensual Institutional Sexual Misconduct. All reported sexual

acts were coded using the worst possible sexual act committed in terms of Alabama Sex

Offense Laws (e.g., type of felony).
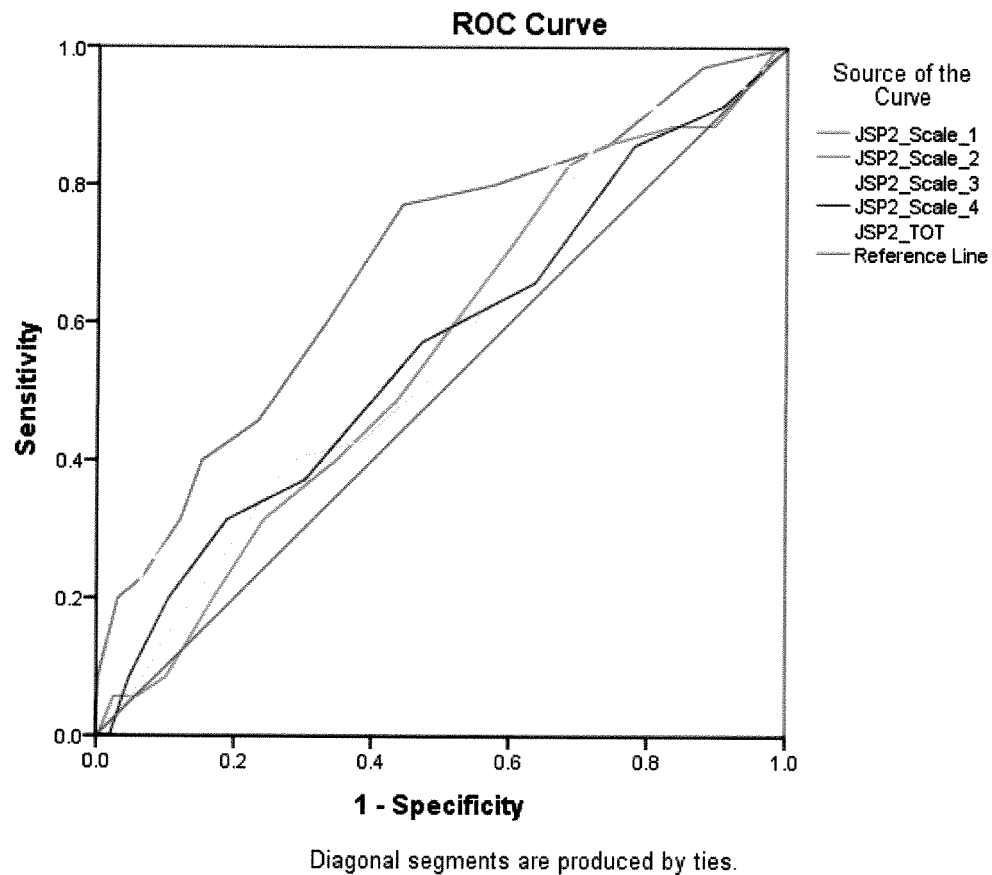
Figure 3. J-SOAP-II ROC Curve. J-SOAP-II = Juvenile Sex Offender Assessment

Protocol-II; JSP2_Scale_ 1 = Sexual Drive/Preoccupation; JSP2_Scale_ 2 = Impulsive,

Antisocial Behavior; JSP2_Scale_ 3 = Intervention; JSP2_Scale_ 4 = Community

Stability/Adjustment, JSP2_TOT = Total score
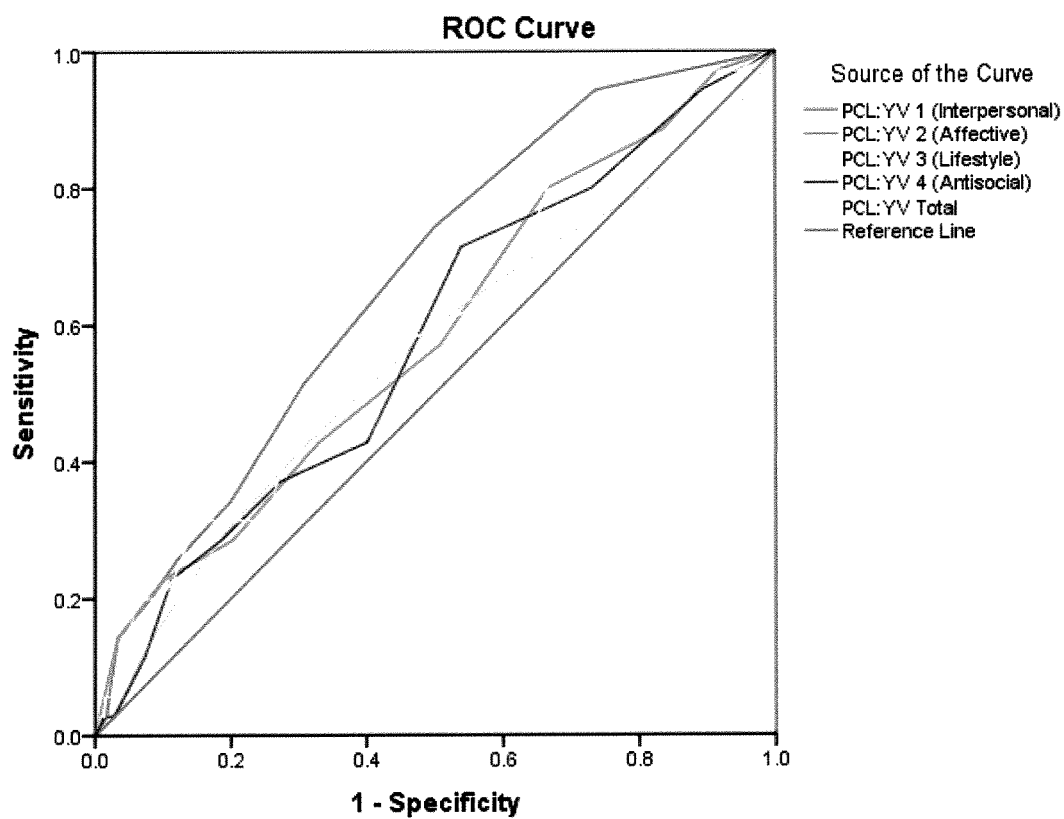
Figure 4. PCL:YV ROC Curve. PCL:YV = Psychopathy Checklist: Youth Version, PCL:YV 1 =

Interpersonal, PCL:YV 2 = Affective, PCL:YV Factor 3 = Lifestyle, PCL:YV 4 =

Antisocial, PCL:YV Total = Total score.

Appendix A:

Alabama Sex Offense Laws

Section 13A-6-60

Definitions.

The following definitions apply in this article:

(1) SEXUAL INTERCOURSE. Such term has its ordinary meaning and occurs upon any penetration, however slight; emission is not required.

(2) DEVIATE SEXUAL INTERCOURSE. Any act of sexual gratification between persons not married to each other involving the sex organs of one person and the mouth or anus of another.

(3) SEXUAL CONTACT. Any touching of the sexual or other intimate parts of a person not married to the actor, done for the purpose of gratifying the sexual desire of either party.

(4) FEMALE. Any female person.

(5) MENTALLY DEFECTIVE. Such term means that a person suffers from a mental disease or defect, which renders him incapable of appraising the nature of his conduct.

(6) MENTALLY INCAPACITATED. Such term means that a person is rendered temporarily incapable of appraising or controlling his conduct owing to the influence of a narcotic or intoxicating substance administered to him without his consent, or to any other incapacitating act committed upon him without his consent.

(7) PHYSICALLY HELPLESS. Such term means that a person is unconscious or for any other reason is physically unable to communicate unwillingness to an act.

(8) FORCIBLE COMPULSION. Physical force that overcomes earnest resistance or a threat, express or implied, that places a person in fear of immediate death or serious physical injury to himself or another person.

(Acts 1977, No. 607, p. 812, §2301; Acts 1988, No. 88-339, p. 515.)

Section 13A-6-61

Rape in the first degree.

(a) A person commits the crime of rape in the first degree if:

(1) He or she engages in sexual intercourse with a member of the opposite sex by forcible compulsion; or

(2) He or she engages in sexual intercourse with a member of the opposite sex who is incapable of consent by reason of being physically helpless or mentally incapacitated; or

(3) He or she, being 16 years or older, engages in sexual intercourse with a member of the opposite sex who is less than 12 years old.

(b) Rape in the first degree is a Class A felony.

(Acts 1977, No. 607, p. 812, §2310; Act 2000-726, p. 1557, §1.)

<u>Section 13A-6-62</u>

Rape in the second degree.

(a) A person commits the crime of rape in the second degree if:

(1) Being 16 years old or older, he or she engages in sexual intercourse with a member of the opposite sex less than 16 and more than 12 years old; provided, however, the actor is at least two years older than the member of the opposite sex.

(2) He or she engages in sexual intercourse with a member of the opposite sex who is incapable of consent by reason of being mentally defective.

(b) Rape in the second degree is a Class B felony.

(Acts 1977, No. 607, p. 812, §2311; Acts 1979, No. 79-471, p. 862, §1; Acts 1987, No. 87-607, p. 1056, §2; Act 2000-726, p. 1557, §1.)

<u>Section 13A-6-63</u>

Sodomy in the first degree.

(a) A person commits the crime of sodomy in the first degree if:

(1) He engages in deviate sexual intercourse with another person by forcible compulsion; or

(2) He engages in deviate sexual intercourse with a person who is incapable of consent by reason of being physically helpless or mentally incapacitated; or

(3) He, being 16 years old or older, engages in deviate sexual intercourse with a person who is less than 12 years old.

(b) Sodomy in the first degree is a Class A felony.

(Acts 1977, No. 607, p. 812, §2315.)

Section 13A-6-64

Sodomy in the second degree.

(a) A person commits the crime of sodomy in the second degree if:

(1) He, being 16 years old or older, engages in deviate sexual intercourse with another person less than 16 and more than 12 years old.

(2) He engages in deviate sexual intercourse with a person who is incapable of consent by reason of being mentally defective.

(b) Sodomy in the second degree is a Class B felony.

(Acts 1977, No. 607, p. 812, §2316; Acts 1979, No. 79-471, p. 862, §1; Acts 1987, No. 87-607, p. 1056, §3.)

Section 13A-6-65

Sexual misconduct.

(a) A person commits the crime of sexual misconduct if:

(1) Being a male, he engages in sexual intercourse with a female without her consent, under circumstances other than those covered by Sections 13A-6-61 and 13A-6-62; or with her consent where consent was obtained by the use of any fraud or artifice; or

(2) Being a female, she engages in sexual intercourse with a male without his consent; or

(3) He or she engages in deviate sexual intercourse with another person under circumstances other than those covered by Sections 13A-6-63 and 13A-6-64. Consent is no defense to a prosecution under this subdivision.

(b) Sexual misconduct is a Class A misdemeanor.

(Acts 1977, No. 607, p. 812, §2318.)

Section 13A-6-65.1

Sexual torture.

(a) A person commits the crime of sexual torture:

(1) By penetrating the vagina, anus, or mouth of another person with an inanimate object by forcible compulsion with the intent to sexually torture or to sexually abuse.

(2) By penetrating the vagina or anus or mouth of a person who is incapable of consent by reason of physical helplessness or mental incapacity with an inanimate object, with the intent to sexually torture or to sexually abuse.

(3) By penetrating the vagina, anus, or mouth of a person who is less than 12 years old with an inanimate object, by a person who is 16 years old or older with the intent to sexually torture or to sexually abuse.

(b) The crime of sexual torture is a Class A felony.

(Acts 1993, No. 93-606, §1.)

Section 13A-6-66

Sexual abuse in the first degree.

(a) A person commits the crime of sexual abuse in the first degree if:

(1) He subjects another person to sexual contact by forcible compulsion; or

(2) He subjects another person to sexual contact who is incapable of consent by reason of being physically helpless or mentally incapacitated.

(b) Sexual abuse in the first degree is a Class C felony.

(Acts 1977, No. 607, p. 812, §2320; Act 2006-575, p. 1512, §2.)

Section 13A-6-67

Sexual abuse in the second degree.

(a) A person commits the crime of sexual abuse in the second degree if:

(1) He subjects another person to sexual contact who is incapable of consent by reason of some factor other than being less than 16 years old; or

(2) He, being 19 years old or older, subjects another person to sexual contact who is less than 16 years old, but more than 12 years old.

(b) Sexual abuse in second degree is a Class A misdemeanor, except that if a person commits a second or subsequent offense of sexual abuse in the second degree within one year of another sexual offense, the offense is a Class C felony.

(Acts 1977, No. 607, p. 812, §2321; Act 2000-728, p. 1566, §1.)

Section 13A-6-68

Indecent exposure.

(a) A person commits the crime of indecent exposure if, with intent to arouse or gratify sexual desire of himself or of any person other than his spouse, he exposes his genitals under circumstances in which he knows his conduct is likely to cause affront or alarm in any public place or on the private premises of another or so near thereto as to be seen from such private premises.

(b) Indecent exposure is a Class A misdemeanor.

(Acts 1977, No. 607, p. 812, §2325.)

Section 13A-6-69

Enticing child to enter vehicle, house, etc., for immoral purposes.

(a) It shall be unlawful for any person with lascivious intent to entice, allure, persuade, or invite, or attempt to entice, allure, persuade, or invite, any child under 16 years of age to enter any vehicle, room, house, office, or other place for the purpose of proposing to such child the performance of an act of sexual intercourse or an act which constitutes the offense of sodomy or for the purpose of proposing the fondling or feeling of the sexual or genital parts of such child or the breast of such child, or for the purpose of committing an aggravated assault on such child, or for the purpose of proposing that such child fondle or feel the sexual or genital parts of such person.

(b) A violation of this section is a Class C felony.

(Acts 1967, No. 388, p. 976; Code 1975, §13-1-114; Act 2005-301, 1st Sp. Sess., §1.)

Section 13A-6-69.1

Sexual abuse of a child less than 12 years old.

(a) A person commits the crime of sexual abuse of a child less than 12 years old if he or she, being 16 years old or older, subjects another person who is less than 12 years old to sexual contact.

(b) Sexual abuse of a child less than 12 years old is a Class B felony.

(Act 2006-575, §1.)

Section 13A-6-70

Lack of consent.

(a) Whether or not specifically stated, it is an element of every offense defined in this article, with the exception of subdivision (a)(3) of Section 13A-6-65, that the sexual act was committed without consent of the victim.

(b) Lack of consent results from:

(1) Forcible compulsion; or

(2) Incapacity to consent; or

(3) If the offense charged is sexual abuse, any circumstances, in addition to forcible compulsion or incapacity to consent, in which the victim does not expressly or impliedly acquiesce in the actor's conduct.

(c) A person is deemed incapable of consent if he is:

(1) Less than 16 years old; or

(2) Mentally defective; or

(3) Mentally incapacitated; or

(4) Physically helpless.

(Acts 1977, No. 607, p. 812, §2330.)

Section 13A-13-3

Incest.

(a) A person commits incest if he marries or engages in sexual intercourse with a person he knows to be, either legitimately or illegitimately:

(1) His ancestor or descendant by blood or adoption; or

(2) His brother or sister of the whole or half-blood or by adoption; or

(3) His stepchild or stepparent, while the marriage creating the relationship exists; or

(4) His aunt, uncle, nephew or niece of the whole or half-blood.

(b) A person shall not be convicted of incest or of an attempt to commit incest upon the uncorroborated testimony of the person with whom the offense is alleged to have been committed.

(c) Incest is a Class C felony.

(Acts 1977, No. 607, p. 812, §7010.)

Appendix B:

J-SOAP-II

Scoring Instructions

Section I. Static Risk Assessment

Scale 1. Sexual Drive/Preoccupation Items

Item 1: Prior Legally Charged Sex Offenses

Description: This item is simply the total number of prior charged sexual offenses that involved physical contact. Conviction is not necessary. Do not count the current, governing, or index sexual offense(s).

Scoring:

0 = None.

1 = 1 offense.

2 = More than 1 offense.

Item 2: Number of Sexual Abuse Victims

Description: This item looks at the number of victims the juvenile is known to have ever sexually abused. In making this judgment, use any reliable source. A legal charge/conviction is not required. "Victim" is defined as anyone who has been sexually abused in a manner involving physical contact.

Scoring:

0 = Only 1 known victim.

1 = 2 known victims.

2 = 3 or more known victims.

Item 3: Male Child Victim

Description: This item assesses the juvenile's history of sexually abusing a male child. A "child" victim is defined here as someone who is 10 years old or younger and is at least 4 years younger than the juvenile. If the juvenile was age 14 or older at the time of the offense, the victim was 10 or younger. If the juvenile was 13, the victim was 9 or younger. If the juvenile was 12, the victim was 8 or younger. If the child victim was older than 10, this item may still be scored if there was clear evidence of physical force or violence.

Scoring:

0 = No known male child victims.

1 = 1 male victim (only 1 known).

2 = 2 or more known male victims.

Item 4: Duration of Sex Offense History

Description: This item looks at the total amount of time the juvenile has been known to commit sexual contact offenses (i.e., from the first known sexual contact offense to the current [governing or index] sexual contact offense). In making this judgment, include all credible reports and self-report. Do not limit scoring to legally charged offenses.

Scoring:

0 = Only 1 known sexual offense and no other history of sexual aggression (i.e., the governing or index offense is the only known sexual offense).

1 = There are multiple sex offenses within a brief time period (6 months or less). The multiple sex offenses may involve multiple assaults on the same victim or multiple victims.

2 = There are multiple sex offenses that extend over a period greater than 6 months and involve 1 or more victims.

Item 5: Degree of Planning in Sexual Offense(s)

Description: This item looks at the degree of forethought, planning, and premeditation that took place prior to the sexual assaults. It concerns the individual's modus operandi (MO): everything the individual did to commit the offense. In general, the more detail and forethought involved in planning an offense, the more complex the MO. With highly impulsive, opportunistic offenses, the MO will be negligible. When there are multiple known sexual assaults, score for the assault that reflects the greatest degree of planning. This item should also be scored when a high degree of manipulation and deception has been used to gain access to the victim(s).

Scoring:

0 = No planning. All known sexual offenses appear to have been impulsive, opportunistic, sudden, and without any apparent forethought prior to the encounter.

1 = Mild degree of planning. Some clear evidence that the individual thought about or fantasized about the sexual offense before the encounter. Some degree of grooming or "setting up" the victim may reflect mild planning.

2 = Moderate-Detailed planning. There must be a clear modus operandi. The offenses may appear "scripted," with a particular victim and crime location targeted. Planning also may be evident when there is a high degree of manipulation and/or a significant amount of grooming to gain access to the victim. The major difference between Mild and Moderate-Detailed planning is the extent and degree of planning and the amount of time invested in planning. The distinction is quantitative rather than qualitative.

Item 6: Sexualized Aggression

Description: This item captures the degree or level of gratuitous or expressive aggression in the sexual offenses. Gratuitous or expressive aggression is aggressive behavior that clearly goes beyond what was required to complete the sexual offense.

Scoring:

0 = No gratuitous or expressive aggression. No evidence that the individual intentionally physically hurt the victim or demeaned or humiliated the victim; no evidence that the individual used force or aggression beyond what was required to complete the sexual offense.

1 = Mild amount of expressive aggression. For example, as evidenced by swearing or cursing at the victim, threatening the victim, squeezing, slapping, pushing, or pinching the victim.

2 = Moderate-High amount of expressive aggression. For example, as evidenced by punching, kicking, cutting, burning, or stabbing the victim; causing physical injuries that require medical attention; or intentionally humiliating or degrading the victim.

Item 7: Sexual Drive and Preoccupation

Description: This item measures "hypersexuality" (i.e., the strength of the sexual drive and preoccupation). This is a behaviorally anchored item that focuses on evidence of an excessive amount of sexual activity (exceeding what might be considered normative for youths of that age) or excessive preoccupation with sexual urges or gratifying sexual needs. Evidence includes, but is not limited to, paraphilias (exposing, peeping, cross-dressing, fetishes, etc.); compulsive masturbation; chronic and compulsive use of pornography; frequent highly sexualized language and gestures; and indiscriminant sexual activity with different partners out of the context of any relationship. Consider all credible and <u>reliable</u> evidence, self-reported as well as documented, in the records.

Scoring:

0 = Normative/Minimal. 1 or 2 instances of sexualized behavior.

1 = Moderate. Sexualized behaviors have been observed and noted on 3 to 5 separate occasions.

2 = High. Sexualized behaviors have been observed and noted on 6 or more separate occasions.

Item 8: Sexual Victimization History

Description: This item assesses the juvenile's <u>own</u> history of sexual victimization. In this context, excessive force refers to force that clearly exceeded what was necessary to gain compliance.

Scoring:

0 = None known.

1 = The juvenile was a victim of sexual abuse. There is <u>no</u> evidence of any form of sexual penetration or excessive force or physical injury to the juvenile.

2 = The juvenile was a victim of sexual abuse. Score 2 if there <u>is</u> evidence of sexual penetration or excessive force or physical injury.

Scale 2. Impulsive/Antisocial Behavior Items

Item 9: Caregiver Consistency

Description: This item measures the consistency and stability of caregivers in the life of the juvenile <u>before the age of 10</u>. Multiple changes in caregivers or changes in living situations with different caregivers and the number of different caregivers are critical. A "change" must last for at least 6 months to be considered (for example, if the individual spends a month living with his aunt and uncle, it would not be considered a change of caregivers).

Scoring:

0 = Lived with biological parents until his current age or until age 10.

1 = 1 or 2 changes in caregivers (e.g., from biological parents to step or foster parents).

2 = 3 or more changes in caregivers before age 10.

Item 10: Pervasive Anger

Description: This item includes (1) repeated instances of verbal aggression and angry outbursts, (2) threatening and intimidating behavior, and (3) nonsexual physical assaults directed at multiple targets across multiple settings—anger directed at parents, peers, police, teachers, animals, etc. The essential point is that the behavior <u>must</u> reflect anger across persons and situations. Although destroying property may be an expression of anger, the destruction of property does <u>not</u> necessarily result from anger.

Scoring:

0 = No evidence.

1 = Mild. Occasional outbursts and inappropriate expressions of anger or a pattern of anger expressed at an apparently narrow range of targets (e.g., anger only expressed at peers).

2 = Moderate-Strong. Long-standing pattern of repeated instances of poorly managed anger directed at multiple targets.

Item 11: School Behavior Problems

Description: Score this item for kindergarten through eighth grade only. School behavior problems include school failure <u>not</u> due to cognitive difficulties. Examples may include chronic truancy, fighting with peers and/or teachers, or other evidence of serious behavioral problems at school that require corrective intervention. Fighting should only be considered if there has been physical contact (e.g., punching, kicking, shoving) and not if there has only been yelling or arguing.

Scoring:

0 = None (no clear evidence of school behavior problems).

1 = Mild (a few apparently isolated instances).

2 = Moderate-Severe (clear evidence of multiple instances of behavior problems that may include behaviors resulting in suspensions or expulsion from school).

Item 12: History of Conduct Disorder Before Age 10

Description: Score this item for behavior <u>before the age of 10</u>. Score for a persistent pattern of behavioral disturbance characterized by (1) repeated failure to obey rules, (2) violating the basic rights of others, and (3) engaging in destructive and aggressive conduct at school, at home, and/or in the community.

Scoring:

0 = No evidence.

1 = Mild-Moderate (1 or 2 different criteria present).

2 = Strong (all 3 criteria present).

Item 13: Juvenile Antisocial Behavior (Ages 10–17)

Description: Score this item for behavior between the ages of 10 and 17. Score for nonsexual delinquent behavior such as: (1) vandalism and destruction to property; (2) malicious mischief, disorderly conduct, vagrancy, habitual truancy; (3) fighting and physical violence; (4) owning or carrying a weapon (other than for sport and hunting); (5) theft, robbery, burglary; and (6) motor vehicle-related (reckless driving, operating to endanger, operating under the influence). Scoring for this item is not limited to legally charged offenses. Consider all credible and reliable evidence, self-reported as well as documented in the records.

Scoring:

0 = None/Minimal (no more than a single incident).

1 = Moderate (2 or 3 different criteria present. Moderate also may be scored if there is a single very serious episode or multiple incidents involving one type of behavior).

2 = Strong (4 or more different criteria present or multiple incidents involving 2 or 3 types of behavior).

Item 14: Ever Charged or Arrested Before the Age of 16

Description: Score current offenses as well as previous charges/arrests for sexual and nonsexual offenses occurring before age 16. The juvenile must have been charged and/or arrested; conviction is not necessary.

Scoring:

0 = No.

1 = Once.

2 = More than once.

Item 15: Multiple Types of Offenses

Description: Scoring for this item <u>is</u> limited to legally charged offenses. Check as many different types of offense categories as apply and score according to the total number of categories checked.

☐ a. <u>Sexual Offenses</u> (such as rape, indecent assault, gross sexual assault, unlawful sexual contact, open and gross lewdness).

☐ b. <u>Person Offenses—Nonsexual</u> (such as assault, assault and battery, assault causing bodily harm, robbery, kidnapping, attempted murder, manslaughter, murder, terrorizing).

☐ c. <u>Property Offenses</u> (such as theft, burglary, possessing burglary tools, larceny, breaking and entering, criminal trespass, malicious destruction of property, arson, receiving/possessing stolen property, embezzlement, extortion of property).

☐ d. <u>Fraudulent Offenses</u> (such as fraud, forgery, passing bad checks, using stolen credit cards, impersonation, identity fraud, counterfeiting).

☐ e. <u>Drug Offenses</u> (drug trafficking and other clearly drug-<u>related</u> crimes not scored elsewhere; score simple possession of drugs under Conduct Offenses).

☐ f. <u>Serious Motor Vehicle Offenses</u> (such as operating to endanger, operating under the influence, reckless driving, chronic speeding, leaving the scene of an accident, vehicular homicide).

☐ g. <u>Conduct Offenses</u> (such as disorderly conduct, running away, vagrancy, malicious mischief, possession of alcohol and/or drugs, resisting arrest, habitual truancy, habitual offending).

☐ h. <u>Other Rule Breaking Offenses</u> (no clear victim but the law has been broken, such as escape from legal custody, failure to appear, conspiracy, accessory before or after the fact, possession of a firearm without a permit, obstruction of justice, violation of conditions of probation or other release, violation of a protection/ restraining order, prostitution).

Scoring:

0 = 1 type.

1 = 2 types.

2 = 3 or more types.

Item 16: History of Physical Assault and/or Exposure to Family Violence

Description: This item assesses the juvenile's <u>own</u> history of having been physically abused and/or exposed to violence within the home by a caregiver (biological, adoptive, foster, or stepfamily). Exposure to family violence includes visual <u>or</u> auditory exposure to physical assaults on family members. It is not necessary for both physical abuse and exposure to violence to be present to score this item.

Scoring:

0 = No/Unknown.

1 = Yes. There is clear evidence that the juvenile was the victim of <u>physical abuse</u> by any caregiver. The documented history must indicate that the physical injuries did <u>not</u> warrant medical attention. <u>Exposure to violence</u> may include exposure to threats of violence and physical altercations involving pushing, shoving, and slapping, but no injuries requiring medical attention.

2 = Moderate/Severe. The <u>physical abuse</u> was frequent or very severe, resulting in serious injuries ordinarily requiring medical attention, including black eyes, broken bones, and severe bruising. Score for <u>exposure to violence</u> if the exposure was frequent or if the violence was very severe, resulting in serious injuries ordinarily requiring medical attention. The term "ordinarily" reflects the fact that the victims of violence may not receive medical attention but, in your estimation, the severity of the injury deserved such attention.

Section II. Dynamic Risk Assessment

Scale 3. Intervention Items

WHEN RATING THE ITEMS IN SCALE 3, TAKE INTO CONSIDERATION ALL DELINQUENT BEHAVIOR, NOT JUST SEX OFFENDING. IF THE JUVENILE HAS ONLY COMMITTED SEX OFFENSES, SIMPLY RATE ITEMS BASED ON THOSE SEX OFFENSES.

Item 17: Accepting Responsibility for Offense(s)

Description: Accepting full responsibility for one's offense(s) means no redirecting or assigning some or all of the responsibility for the offenses to others (i.e., the individual does not attribute some of the responsibility to the victim, to friends or other kids, to society, the police, the courts, or others). Any statements suggesting other than full responsibility should be scored as 1 or 2.

Scoring:

0 = Accepts full responsibility for sexual and nonsexual offenses without any evidence of minimizing.

1 = Accepts some (but not total) responsibility. Although occasional minimizing may be present, individual does not deny offending.

2 = Accepts no responsibility, or there is full denial. Option 2 also is scored when there is partial denial and/or significant or frequent minimizing.

Item 18: Internal Motivation for Change

Description: The focus of this item is the extent to which the individual truly experiences offending as out of character and appears to have a genuine desire to change his behaviors to avoid any recurrences.

Scoring:

0 = Appears distressed by his offenses and appears to have a genuine desire to change.

1 = There is some degree of internal conflict and distress, mixed with a clear desire to avoid the "consequences" of reoffending.

2 = No internal motivation for change. The juvenile does not perceive a need to change. He may feel hopeless and resigned about life in general, or he may deny ever committing offenses and therefore maintains he does not need to change and/or does not need treatment. Also score 2 if motivation for change is solely external (e.g., to avoid arrest, incarceration, or residential placement).

Item 19: Understands Risk Factors and Applies Risk Management Strategies

Description: This item concerns the individual's knowledge and understanding of factors and situations associated with his offending and the individual's awareness of risk management strategies and utilization of such strategies.

Scoring:

0 = Good understanding and demonstration of knowledge of risk factors and risk management strategies. Knows triggers, cognitive distortions (thinking errors), and high-risk situations. Knows and uses risk management strategies.

1 = Incomplete or partial understanding of risk factors and risk management strategies. Demonstration of knowledge may be present but inconsistent.

2 = Poor or inadequate understanding of risk factors and risk management strategies. Cannot adequately identify triggers, cognitive distortions (thinking errors) and offense-justifying attitudes, high-risk situations, or risk management strategies.

Item 20: Empathy

Description: This item assesses the youth's capacity for empathy in multiple situations. An attempt should be made to distinguish between statements that appear to reflect genuine feelings and statements that are primarily cognitive and reflect attitudes (e.g., socially desirable responses or genuinely held but strictly intellectual statements).

Scoring:

0 = Appears to have a genuine capacity for feeling empathy for his sexual abuse victims and can generalize to others in a variety of situations.

1 = There is some degree of expressed empathy; however, these statements appear to be internalized at a strictly intellectual level or are intended primarily to "look good" or respond in a socially acceptable way.

2 = There is little or no evidence of empathy and clear evidence of callous disregard for the welfare of others.

Item 21: Remorse and Guilt

Description: This item assesses the extent to which the juvenile expresses thoughts, feelings, and sentiments that reflect remorse for offending and offense-related behavior. This item attempts to assess feelings of regret, guilt, or self-reproach. An attempt should be made to distinguish between statements that appear to reflect genuine feelings and statements that are primarily cognitive and reflect attitudes (e.g., socially desirable responses or genuinely held but strictly intellectual statements about "feeling bad").

Scoring:

0 = Appears to have genuine remorse for his victims and can generalize to other victims. Importantly, remorse appears to be internalized at an affective (emotional) level and is expressed or demonstrated without prompting.

1 = There is some degree of remorse or guilt; however, there are possible egocentric motives (e.g., shame or embarrassment, to avoid incarceration). Score 1 when the remorse appears to be internalized at a strictly cognitive (thinking) level.

2 = There is little or no evidence of remorse for victims.

Item 22: Cognitive Distortions

Description: This item assesses distorted ideas, beliefs, or attitudes that justify sexual offending and delinquent behavior. Examples include "She looked older than she was," "He started it," and "I didn't hurt anyone." Rate this item only for the presence of distorted attitudes. This item should not be influenced by ratings of item 17 (accepting responsibility) and 21 (remorse or guilt).

Scoring:

0 = Expresses no distorted thoughts, attitudes, or statements about sexual offending and delinquent behaviors.

1 = Occasional comments, attitudes, or statements reflecting cognitive distortions.

2 = Frequent comments, attitudes, or statements reflecting cognitive distortions.

Item 23: Quality of Peer Relationships

Description: This item assesses the nature and quality of the juvenile's peer relationships, the extent to which his time is occupied by <u>nondelinquent</u> social activity, and the extent to which his peer associations are age appropriate and <u>nondelinquent</u>.

Scoring:

0 = Socially active, peer-oriented, and rarely alone; often with friends in structured and unstructured social and/or sports activities; friends are <u>nondelinquent</u>.

1 = A few casual (nondelinquent) friends, some involvement in structured or unstructured activities; <u>or</u> a mix of social activity with delinquent as well as nondelinquent peers.

2 = Withdrawn from peer contact and socially isolated; <u>or</u> no friendships, just "acquaintances"; <u>or</u> most peers are delinquent.

Scale 4. Community Stability/Adjustment Items

SCORE THE REMAINING FIVE ITEMS FOR THE PAST 6 MONTHS. OMIT THIS SECTION IF THE JUVENILE IS INCARCERATED IN A CORRECTIONAL FACILITY OR A SECURE RESIDENTIAL TREATMENT PROGRAM.

■ **If a juvenile has recently been discharged from a correctional facility or secure residential treatment program where he has resided for more than 6 months and is now being assessed in the community, he must have been in the community for at least 3 months in order to score these five items.**

■ **If the juvenile has been incarcerated or has been placed in a secure residential treatment program, he must have been in the community for at least 2 months prior to incarceration in order to score these five items.**

Item 24: Management of Sexual Urges and Desire

Description: This item assesses the extent to which the juvenile manages his sexual urges and desires in socially appropriate and healthy ways. This item does not assess strength of sexual drive (as in item 7). This item assesses the appropriateness of the individual's sexual behavior. Consider all credible and reliable evidence, self-reported as well as documented in the records. If the governing or index offense occurred within the 6-month window that applies to all Scale 4 items, do not include it when scoring this item.

Scoring:

0 = Well-managed expression of sexual urges and desires; all sexual intimate relationships are age appropriate and noncoercive; no evidence of unwanted, sexualized touching or hostile/demeaning sexualized remarks.

1 = Sexual urges and desires are managed appropriately most of the time, with no more than two instances of inappropriate sexual behavior.

2 = Sexual urges and desires are poorly managed. Juvenile engages in inappropriate sexual behavior, frequently gratifying sexual urges in deviant or paraphilic ways. This behavior has been noted on three or more occasions. Examples might include chronic masturbation or compulsive use of pornography. Score 2 for sexual promiscuity (numerous sexual partners out of the context of a relationship). Any instance of coercive sexual behavior is automatically scored 2 unless it is the governing or index offense.

Item 25: Management of Anger

Description: This item assesses the appropriateness of one's expression of angry feelings. <u>Appropriate</u> expressions are defined here as verbal, nonabusive, and nonviolent expressions of anger. This item does <u>not</u> assess the "pervasiveness" of one's anger (as in item 10). Rate how well the individual manages and expresses feelings of anger in his relationships, at work and with his friends and acquaintances.

Scoring:
0 = No evidence of inappropriate anger. Anger consistently is expressed in appropriate ways.

1 = Anger managed appropriately most of the time, with no more than four instances of inappropriate anger.

2 = Anger poorly and inappropriately managed, with five or more instances of inappropriate anger.

Item 26: Stability of Current Living Situation

Description: This item assesses the stability (or instability) of the living situation where the youth is residing at the time of the assessment. If the juvenile is living with his family (birth, foster, or adoptive), this item assesses family stability and is based on the overall adequacy and consistency of the primary family environment. Consider such factors as size of family, number of relocations, and number of changes in the family due to separations, divorce, death, unemployment, and other losses, as well as additions of new members. Consider substance abuse, pornography use, child abuse and neglect, frequent changes in sexual partners, poor or loose boundaries around sexuality, serious illness, psychiatric difficulties, chronic fighting or angry outbursts, family violence, and/or criminal behavior.

Instability may also be indicated by frequent changes in the juvenile's living situation, or when the juvenile is in a high-risk living situation (such as a shelter) or lives in a high-risk location (e.g., near a bar or a playground). Scoring should reflect the stressfulness of the living situation. Score this item, as appropriate, for youths living in group homes or nonsecure residential settings.

When scoring this item, consider the number of different sources of instability and the frequency of the instability.

Scoring:

0 = Stable. No significant sources of disruption or instability.

1 = Moderate instability. Sources of instability are intermittent. Any very serious sources of instability, even if intermittent, should be scored a 2 (e.g., presence of sexual abuse perpetrated by others or violence in the living situation).

2 = Severe instability. Sources of instability are frequent and chronic occurring at least one or two times a week.

Item 27: Stability in School

Description: This item assesses the stability (or instability) of the youth's behavior in school. For example, instability would be evidenced by truancy, repeatedly coming to school late, suspensions or expulsions, and use of alcohol or drugs at school. If the youth is not in school, score this item for the stability of his day, e.g., the stability of the youth's behavior at work. For the most part, the exemplars of instability are consistent across settings. For example, in the work setting, instability may be evident in failing to come to work, coming to work late, or being fired. If the juvenile is not in school or not in work, score 1.

Scoring:

0 = Stable/Minimal (no more than a single incident).

1 = Unstable (with no more than two or three incidents).

2 = Highly Unstable (with four or more incidents).

Item 28: Evidence of Positive Support Systems

Description: This item considers the relative presence or absence of support systems that the youth has available to him in the community and that he uses for positive support. Support systems may include (1) apparently supportive family members, extended families, foster families, (2) friends, or (3) significant others, such as therapists, juvenile probation officers, and social service caseworkers. Positive supports also may be indicated by participation in (4) organized after-school sports and activities and (5) involvement in organized religious activities.

Scoring:

0 = Considerable support systems (three or more of the above apply).

1 = Some support systems (one or two of the above applies).

2 = No known support systems or _only_ negative supports.

Juvenile Sex Offender Assessment Protocol-II
Scoring Form

1. Sexual Drive/Preoccupation Scale

1. Prior Legally Charged Sex Offenses	0	1	2
2. Number of Sexual Abuse Victims	0	1	2
3. Male Child Victim	0	1	2
4. Duration of Sex Offense History	0	1	2
5. Degree of Planning in Sexual Offense(s)	0	1	2
6. Sexualized Aggression	0	1	2
7. Sexual Drive and Preoccupation	0	1	2
8. Sexual Victimization History	0	1	2

Sexual Drive/Preoccupation Scale Total _____

2. Impulsive/Antisocial Behavior Scale

9. Caregiver Consistency	0	1	2
10. Pervasive Anger	0	1	2
11. School Behavior Problems	0	1	2
12. History of Conduct Disorder	0	1	2
13. Juvenile Antisocial Behavior	0	1	2
14. Ever Charged or Arrested Before Age 16	0	1	2
15. Multiple Types of Offenses	0	1	2
16. History of Physical Assault and/or Exposure to Family Violence	0	1	2

Antisocial Behavior Scale Total _____

3. Intervention Scale

17. Accepting Responsibility for Offense(s)	0	1	2
18. Internal Motivation for Change	0	1	2
19. Understands Risk Factors	0	1	2
20. Empathy	0	1	2
21. Remorse and Guilt	0	1	2
22. Cognitive Distortions	0	1	2
23. Quality of Peer Relationships	0	1	2

Intervention Scale Total _____

4. Community Stability/Adjustment Scale

24. Management of Sexual Urges and Desire	0	1	2
25. Management of Anger	0	1	2
26. Stability of Current Living Situation	0	1	2
27. Stability in School	0	1	2
28. Evidence of Positive Support Systems	0	1	2

Community Stability Scale Total _____

Juvenile Sex Offender Assessment Protocol-II
Summary Form

Static/Historical Scales

1. Sexual Drive/Preoccupation Scale Score:
(Add Items 1–8 [range: 0–16])

_____/16 = _____

2. Impulsive-Antisocial Behavior Scale Score:
(Add Items 9–16 [range: 0–16])

_____/16 = _____

Dynamic Scales

3. Intervention Scale Score:
(Add Items 17–23 [range 0–14])

_____/14 = _____

4. Community Stability Scale Score:
(Add Items 24–28 [range: 0–10])

_____/10 = _____

Static Score (Add items 1–16)

_____/32 = _____

Dynamic Score (Add items 17–28)

_____/24 = _____

Total J-SOAP Score (Add items 1–28)

_____/56 = _____

Appendix C:

Psychopathy Checklist: Youth Version

Hare PCL:YV
Adelle E. Forth, Ph.D., David S. Kosson, Ph.D., & Robert D. Hare, Ph.D.

Name: _____   Age:_____   Gender: M   F

Rater: _____   Date: ___/___/_____
                                            mm   dd   yyyy

Ratings should be made while reviewing the criteria found in the PCL:YV Rating Booklet or Technical Manual. Circle the appropriate rating to the left of each item. Step-by-step instructions to complete this form can be found in Chapter 3 of the PCL:YV Technical Manual.

No	Maybe	Yes	Omit	
0	1	2	X	1. Impression management
0	1	2	X	2. Grandiose sense of self worth
0	1	2	X	3. Stimulation seeking
0	1	2	X	4. Pathological lying
0	1	2	X	5. Manipulation for personal gain
0	1	2	X	6. Lack of remorse
0	1	2	X	7. Shallow affect
0	1	2	X	8. Callous/lack of empathy
0	1	2	X	9. Parasitic orientation
0	1	2	X	10. Poor anger control
0	1	2	X	11. Impersonal sexual behavior
0	1	2	X	12. Early behavior problems
0	1	2	X	13. Lacks goals
0	1	2	X	14. Impulsivity
0	1	2	X	15. Irresponsibility
0	1	2	X	16. Failure to accept responsibility
0	1	2	X	17. Unstable interpersonal relationships
0	1	2	X	18. Serious criminal behavior
0	1	2	X	19. Serious violations of conditional release
0	1	2	X	20. Criminal versatility