

Transition-Aged Individuals who have Committed Sex Offenses: Considerations for the Emerging Adult Population

August 2014

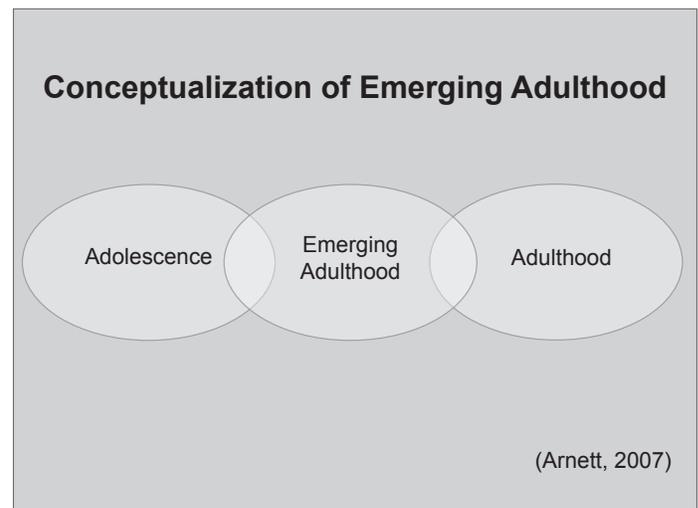
Introduction

It has been long established in the sex offender management field that adolescents and adults who commit sex offenses differ in important ways and that system responses must be developed and implemented accordingly. As policymakers and practitioners have increased their understanding of these differences and the implications for assessment, treatment, and intervention strategies, new questions have emerged about a subgroup of individuals (e.g., roughly 16-25 year olds) who do not fall neatly into either the adolescent or adult classification. This special population, referred to as transition-aged individuals or emerging adults¹, is the focus of this document.

Little empirical research has focused on the broader emerging adult population in juvenile justice or adult criminal justice systems, and published information specific to transition-aged individuals who have committed sex offenses is virtually non-existent. This resource document draws upon the broader literature on emerging adulthood, research on effective interventions for justice-involved adolescents and adults, and sex offender-specific research and practice literature. It is designed to assist practitioners with considering implications for assessment, treatment, and supervision practices with emerging adults who have committed sex offenses.

What is “emerging adulthood?”

The term “emerging adulthood” was first coined in the field of developmental psychology to describe a distinct life stage that bridges the developmental stages of adolescence and adulthood (Arnett, 2000, 2004). The period of emerging adulthood involves trying on different roles, developing new social networks and relationships, and making enduring life choices regarding one’s values, lifestyle, and career that establish the blueprint for and set the course for adulthood (Arnett, 2000, 2004; Arnett & Tanner, 2005).



Emerging adulthood is an exciting life stage that symbolizes new opportunities and new freedoms, and a time during which many positive life changes occur. This transitional time also can be a time of anxiety, uncertainty, life questioning, and frustration (Arnett, 2000, 2004). This results from the stressors associated with becoming autonomous and

¹ The terms “transition-aged individuals” and “emerging adults” are used interchangeably throughout this document.

less dependent on others (yet not fully independent), finding semi-permanent housing, attempting to meet educational goals, entering the workforce and starting a career, developing and maintaining romantic relationships, achieving financial stability, and other milestones that signal the attainment of adulthood (Arnett, 2000, 2004; Arnett & Tanner, 2005; Tanner & Arnett, 2009). Taken together, this means that emerging adulthood is an age of (Arnett, 2000, 2004; Arnett & Tanner, 2005):

- Identity exploration;
- Self-focus;
- Instability;
- Possibilities; and
- Feeling in-between.

Many emerging adults effectively manage these issues and, with the proper supports and resources, transition to adulthood successfully.

This period, emerging adulthood, is neither adolescence nor young adulthood but is theoretically and empirically distinct from them both (Arnett, 2000, p. 469).

What makes emerging adulthood challenging for persons who have committed sex offenses – and the professionals responsible for intervening with them?

Navigating through the period of emerging adulthood can be challenging for any individual. However, being involved in the justice system, particularly when a sex offense is involved, can lead transition-aged persons to experience additional difficulties and barriers. For example:

- While attempting to balance the new roles and responsibilities that come with emerging adulthood, justice-involved emerging adults also must assume responsibility for meeting the requirements,

conditions, and expectations established by the courts, law enforcement, and adult and/or juvenile justice agencies.

- For transition-aged individuals who have committed sex offenses, generally there are conditions and expectations over and above those required for other justice-involved persons. These often include mandated interventions such as sex offense-specific treatment, specialized sex offense-specific supervision conditions, and sex offender registration requirements.
- Persons with adjudications/convictions for sex offenses often remain in residential or correctional placements for longer periods of time than those with non-sex offenses. During an important formative stage of development, this prolongs emerging adults' exposure to antisocial attitudes, behaviors, and peers that, in turn, can increase recidivism risk. In addition, it removes them from family members, mentors, and prosocial community supports that can assist them with successfully transitioning to adulthood.
- While progressing through a period of identity exploration, the "sex offender" label can impact these transition-aged individuals' sense of self worth and self efficacy, particularly as this label often leads to social rejection, isolation, and heightened public hostility.
- Exclusions and restrictions specific to persons with sex offense convictions can impact their ability to secure suitable housing and employment, which can decrease stability and increase their likelihood to reoffend.

In light of these and other considerations for the emerging adult population, justice system professionals have begun to question how best to offset factors that can negatively affect their successful transition to adulthood, while still intervening effectively to reduce and manage recidivism risk and promote long-term change. Developmentally responsive assessment and

intervention approaches have been established to take into account the unique developmental and other differences between adolescents and adults who have committed sex offenses, yet little guidance exists with respect to the transition-aged population. Hence, just as these emerging adults experience a sense of “in-between-ness,” practitioners report a related “in between-ness” when attempting to identify approaches that are most suitable for transition-aged individuals, who they perceive as being:

- “In between” justice systems that are designed primarily for adolescents or settled adults, and for which the underlying philosophies, principles and strategies may differ significantly;
- “In between” assessment tools validated for assessing risk with adults who have committed sex offenses and those designed for adolescents who have offended; and

- “In between” policies, programs, and services for adults who have committed sex offenses and those established specifically for adolescents who have committed sex offenses.

What is known about emerging adults who have committed sex offenses?

Law enforcement and other criminal justice statistics currently do not provide detailed offense-related data, such as the type of offenses or characteristics of the offenders or victims, that are specific to transition-aged individuals who have committed sex offenses. Nor is there a body of research that provides information about the characteristics of this population, or that examines the extent to which transition-aged individuals who have committed sex offenses are similar to, or different from, adolescents or adults who have committed sex

Developing a Data-Driven Understanding of Transition-aged Individuals at the State/Local Level

Information is very limited about the characteristics of transition-aged individuals who have committed sex offenses. As systems explore decisions about how best to manage this special offender population, having a data-driven understanding of the transition-aged individuals currently in their jurisdictions is important. Data to be collected should include, at a minimum, the following:

- A point-in-time snapshot of the number of transition-aged individuals who have committed sex offenses that are currently in their adult and juvenile systems;
- The demographics of this special population;
- Offense-specific data, including the crime of conviction, the nature of the offense, and victim-offender relationship;
- Prior involvement in the adult or juvenile justice systems;
- The dispositions and sentences imposed by the courts;
- Assessed risk level as determined by a specialized, research-informed risk assessment tools(s); and
- Case outcomes, including length of stay, successful versus unsuccessful discharge, and recidivism.

*For additional information about conducting an offender population profile, including recommended processes and sample data collection templates, see CSOM (2007), *Enhancing the Management of Adult and Juvenile Sex Offenders: A Handbook for Practitioners and Policymakers*.*

offenses. Research on adults and adolescents who have committed sex offenses reveals heterogeneity within and across the populations. This research includes younger emerging adults (e.g., 16-18 years of age) in adolescent samples and mid-range to older emerging adults (e.g., 18-25 years of age) in adult samples. Hence, it is reasonable to conclude that emerging adults who have committed sex offenses are also a diverse group that varies in terms of their offenses, motivations, psychosexual functioning, criminal histories, intervention needs, and risk to recidivate sexually and non-sexually.

Anecdotal reports indicate that, relative to their adolescent and older adult counterparts who have committed sex offenses, emerging adults enter the criminal and juvenile justice systems with convictions that tend to involve peer on peer offenses, internet- or technology-related non-contact offenses, and statutory rape. With respect to the latter, by nature of their age, there are complexities unique to some emerging adults who have entered the system for statutory rape offenses – namely those in which two teenagers (e.g., an 18-year old and a 15-year old) engaged in sexual activity that was, by all accounts, consensual. Such circumstances with transition-aged individuals are often referred to as non-coercive statutory offenses or “Romeo and Juliet” cases. The nature and dynamics of in these instances are often qualitatively different from cases in which an older adult engages in sexual activity with a minor, the latter of which is the original intent of statutory rape laws.

Statutory rape laws in most states do not include provisions specific to consensual relationships between older adolescents and young emerging adults that are close in age. Hence, transition-aged individuals in these circumstances may be prosecuted and sentenced similarly to older adults who have committed sex offenses; incarcerated and/or have lengthy supervision periods; given extensive specialized sex offense-specific restrictions and conditions; mandated to complete sex offender treatment; and required to register as a sex offender. Individually and collectively, these factors can

significantly reduce or eliminate the ability of this particular subgroup of emerging adults to attend high school functions, enroll or remain in a college or university, apply for many employment opportunities, and secure suitable and affordable housing.

Over the last decade, in part sparked by high profile media coverage, stakeholders have expressed heightened concerns about the potential unintended collateral consequences of statutory rape provisions when applied to some transition-aged individuals with consensual partners close in age. Accordingly, recognizing the potential need for some distinctions, a number of states have made modifications to their laws by:

- Reclassifying those specific circumstances as misdemeanors or providing some types of exceptions to the criminal law, including differential penalties;
- Allowing petitions for relief from registration for transition-aged individuals who had a sexual relationship with a minor relatively close in age to them, provided that they meet certain conditions; and
- Creating age-gap provisions (e.g., no more than a 4 year age difference can exist between the parties, and the younger party must be at least 14 years of age) that affect the ways in which these cases are charged, prosecuted, and sentenced.

Further research is needed to understand the range of individual variables, offense dynamics, case characteristics, and risk factors among the population of emerging adults who have committed sex offenses and to determine the extent to which they are similar to or different from adult and/or adolescent populations. An important starting point for planning, designing, and implementing strategies for this population is to develop a data-driven understanding of emerging adults who have committed sex offenses. These understandings will help guide assessment practices, treatment approaches, supervision, and other interventions that may be best suited for this population.

Which system – adult or juvenile – is best positioned to manage emerging adults who have committed sex offenses?

Setting aside certain crime-specific factors, it is generally easy to make determinations about who should be under the purview of the juvenile justice system or the adult criminal justice system based on their chronological age. This is not necessarily the case, however, for transition-aged individuals who, by virtue of their age, can appear to be “in between” systems. Some individuals in this transitional age range are under the exclusive jurisdiction and authority of juvenile courts or juvenile justice agencies, whereas others are solely under the authority of the adult courts or adult correctional systems. And in some circumstances, the juvenile and adult systems simultaneously have responsibilities for managing transition-aged individuals who have committed sex offenses.

- **Management exclusively in the juvenile system** may occur, for example, when an adolescent (e.g., 16 years old or younger) is adjudicated in the juvenile court for a sex offense and remains in the juvenile system throughout the period of emerging adulthood. This can happen in states in which juvenile jurisdiction can extend to the early- to mid-twenties, in contrast to systems in which emerging adults “age out” of the juvenile system at a younger age. In extended jurisdiction circumstances, the juvenile system is solely responsible for case management of transition-aged individuals who have committed sex offenses, including decisions about placement, treatment interventions, and community supervision.
- **Management exclusively in the adult system** results when a transition-aged individual directly enters the adult criminal justice system for committing a sex offense as a legal adult (which in most states is 17 or 18 years of age). However, even younger persons can be transferred or

waived to the adult court for prosecution and sentencing, in effect bypassing the juvenile justice system altogether. Indeed, in some states, a sex offense charge may be sufficient for triggering transfer of a younger adolescent to the adult criminal court. Both scenarios generally dictate that adult corrections and community supervision agencies are responsible for interventions with emerging adults who have committed sex offenses.

- **Management in both the adult and juvenile systems** may come into effect in states that have enacted some type of blended sentencing or dual jurisdiction provisions. Depending on the statute, this could take the form of (a) the juvenile court imposing a juvenile and/or adult sentence; (b) the juvenile court imposing a juvenile sentence that may be extended past the age jurisdiction line (e.g., 17-18 years) and well into emerging adulthood, at which time the adult court assumes jurisdiction; or (c) the adult court imposing either a juvenile disposition and/or an adult sentence. Under this range of circumstances, an adolescent adjudicated for a sex offense could receive sex offense-related treatment through a juvenile justice agency and then be released to adult probation or parole supervision as an emerging adult.

Different philosophies, missions, and mandates impact the ways in which the juvenile and adult courts and other agencies manage individuals who have committed sex offenses. Some prioritize rehabilitation and risk reduction, others emphasize punishment and risk management, and some may strike a balance. The more significant issue, therefore, may not be *which* system is best suited for managing emerging adults who have committed sex offenses or where they “belong” (i.e., adult or juvenile jurisdiction), but *how* the systems respond to this population. As adult and juvenile justice systems explore sentencing practices, assessment approaches, program design and implementation, and supervision strategies for emerging adults who have committed sex

offenses, the following points may provide helpful guidance.

- **Adolescents do not instantly transform into adults upon reaching the prescribed legal age of adulthood.** Long after attaining the status of legal adulthood, individuals' brains continue to develop in areas that impact personality, cognitive aptitudes, moral reasoning, impulsivity, and problem-solving (Creeden, 2013). Additionally, transition-aged individuals have only begun developing the skills and supports required to work toward and achieve the milestones of adulthood. These and other factors during this life stage signal a need for policies and practices that recognize this developmental period. For example, automatically moving a younger transition-aged individual from an adolescent-focused treatment setting to an offense-specific group designed for adults immediately once the individual turns 18 years old may not be the most prudent course of action.
 - **"Get tough" policies and practices, such as those designed to treat youth like adults, are ineffective in increasing public safety.** Decades of research have led to a number of important lessons learned. First, adopting "treat youth like adults" strategies may increase recidivism risk and decrease their likelihood of becoming stable, prosocial, and contributing adults (Redding, 2010). Second, harsher sanctions do not reduce recidivism, nor do system models that are oriented primarily toward punishment or monitoring (Andrews & Bonta, 2010; Gendreau, Goggin, Cullen, & Andrews, 2000). And third, interventions are most likely to be effective when they are designed to balance risk-reduction and risk management strategies (Andrews & Bonta, 2010). For transition-aged individuals who have committed sex offenses, using a balanced approach can equip them with skills and supports needed to advance toward adulthood successfully, while promoting long-term change, reducing
- recidivism, and ultimately increasing public safety.
 - **Approaches to managing emerging adults who have committed sex offenses must take into account developmental variables.** Recognizing developmental and other differences between adolescents and adults who commit sex offenses, policymakers and practitioners have increasingly shifted away from the blanket adoption of adult-oriented strategies for adolescents. And given the distinct developmental stage of emerging adulthood, further tailoring may be warranted to take into account some of the unique characteristics and expected goals of this transitional period. Utilizing programs, services, and strategies that are designed for older, more settled adults, without taking into account developmental variables specific to emerging adulthood, is not likely to maximize the effectiveness of interventions with transition-aged individuals who have committed sex offenses. Some jurisdictions have established transition-aged groups for individuals who have committed sex offenses – including specialized services specific to those with statutory rape offenses – to allow for more developmentally-responsive programming.²
 - **Aggregating younger transition-aged individuals with older, more settled adults – and mixing higher risk with lower risk individuals – is inadvisable and undermines public safety outcomes and the effectiveness of interventions.** Evidence-based principles of effective intervention consistently reveal that "one size fits all" approaches are not effective in reducing recidivism among individuals who have committed sex offenses (Hanson, Bourgon, Helmus, & Hodgson, 2009).

² For example, through the support of a grant from the SMART Office, the State of Rhode Island is piloting a sex offense-specific treatment group for transition-aged individuals, separate from treatment groups for older adult sex offenders. In addition, a significant proportion of community-based sex offender programs have developed specialized services for transition-aged individuals with statutory rape convictions (McGrath et al., 2010).

Rather, outcomes are best when:

- Placement, treatment, and supervision decisions take into account risk level, reserving more resource-intensive strategies and higher dosage interventions for higher risk individuals;
- Interventions clearly favor changeable risk factors over factors not linked to recidivism; and
- Approaches are tailored based on individual client factors (e.g., age, gender, motivation, developmental factors).

Therefore, to maximize outcomes with transition-aged individuals, it is important to determine where a given emerging adult falls on the developmental continuum, their associated intervention needs, and their recidivism risk. This assists practitioners with establishing developmentally responsive intervention goals and making informed decisions about placement and dosage. Again, aggregating lower risk, lower need emerging adults with higher risk, higher need individuals for placement or intervention is contraindicated. This is a particular concern when it involves exposing younger transition-aged individuals to older, more settled adults who may have more entrenched antisocial attitudes and greater levels of psychosexual disturbance. Doing so can detrimentally affect emotional, social, and behavioral outcomes; interrupt and negatively influence a healthy developmental course; and increase recidivism risk.

- ***A seamless handoff across systems is needed.*** When any transfer of custody, jurisdiction, or responsibility occurs from the juvenile system to the adult system, attention must be paid to the “handoff” process with emerging adults. Ideally, policies or procedures are established that address:
 - Transfer of court records and other documentation, such as police reports, pre-sentence investigations, victim statements, prior treatment summaries,

and previous responses to juvenile or adult system interventions;³

- Historical assessment data, including prior psychosexual evaluations, prior risk assessments, and current assessments of general and sex offense-related risk and intervention needs;
- Collaboration between the sending and receiving agencies to coordinate case management planning;
- Preparations and discussions with the emerging adult and parent/guardian regarding the transition process, any treatment expectations, specialized supervision conditions, and applicable registration requirements; and
- Identifying parallel services – whether institutional or community based – that build upon services that have been received thus far, and that are appropriate to the risk, needs, and developmental needs of the transition-aged individual.

In summary, effective responses to emerging adults who have committed sex offenses require stakeholders in the juvenile and adult systems alike to recognize and take into account developmental factors associated with emerging adulthood, ground interventions in evidence-based principles and practices shown to reduce recidivism, and use assessments to guide decisionmaking systemwide.

Which assessment tools are appropriate for transition-aged individuals who have committed sex offenses?

Sex offender-specific risk assessment

The “in between” nature of the emerging adult population poses challenges to professionals regarding the selection of the proper assessment tools. Several research-supported instruments are available for assessing risk and

³ It is important to note that in some jurisdictions, confidentiality provisions for juvenile court records may present a significant barrier to professionals in the adult criminal justice system when seeking key historical information that can support more informed decisionmaking with this population.

intervention needs for individuals who have committed sex offenses. Some are designed to be “adult only” (e.g., STATIC-99R, VASOR-2, STABLE- and ACUTE-2007)⁴ and others are “juvenile only” (e.g., ERASOR, J-SOAP-II, J-SORRAT-II)⁵. The age of the individual being assessed clearly guides tool selection in the majority of cases. For example, there is no question that a 14 year-old would be assessed using a juvenile-specific tool, and that an adult-specific tool is not appropriate at that age.

However, decisionmaking is less clear when assessing transition-aged individuals who have committed sex offenses. Indeed, professionals are challenged when attempting to determine the suitability of either adolescent and/or adult tools for use with transition-aged individuals and whether the developmental characteristics common to emerging adulthood impact the reliability, validity, and practical utility of such tools. In the context of this developmental stage, the specified age groups for which the respective tools were designed and normed, and some of the items on the instruments, transition-aged individuals may be “in between” tools designed either for adolescents or for adults who have committed sex offenses.

The most commonly used risk-need assessment tools for adolescents who have committed sex offenses are the ERASOR and J-SOAP-II, which were developed for use with adolescents between 12 and 18 years of age. Transition-aged individuals (generally at the lower end of the age range for emerging adulthood, up to age 21) have been included in some of the samples used to validate these tools. Arguably, then, these tools could be used for assessing risk and needs with the transition-aged population of individuals who have committed sex offenses, primarily those on the lower end of the emerging adult age range. For example, the J-SOAP-II can be used with 18-21 year olds – namely those whose offense occurred prior to age 18 – as part of a more comprehensive assessment.⁶ The ERASOR can be used for individuals at

the lower age range of emerging adulthood as well, although it is not recommended for use with transition-aged persons over 19 years of age.⁷

The Static-99/Static-99R, which is designed and empirically validated for persons 18 years of age or older, is the most commonly used risk assessment tool for adult sex offenders. Because some transition-aged individuals (i.e., 18-25 year olds) are included as part of the adult samples, its use for estimating relative risk for sexual recidivism among this population is seemingly statistically supported. At the same time, however, two of the ten risk factors that contribute to the total risk score on the Static-99R (i.e., age, two-year intimate live-in relationship) are directly characteristic of the emerging adulthood period (i.e., these individuals are young and less likely to have been in longer-term live in relationships) and therefore may not be necessarily indicative of increased risk with this transition-aged group of sex offenders. The resulting risk estimates derived from this tool are likely to be inflated when used with individuals who are at the early part of this transitional life stage (i.e., late teens, early twenties).⁸ Interestingly, although the Static-99 is not calibrated for adolescents, recent research shows that it predicts recidivism roughly as well as the specialized adolescent tools, particularly with older adolescents (Viljoen, Mordell, & Beneteau, 2012). This suggests that it may have predictive utility for individuals at the younger range of the emerging adulthood spectrum (e.g., 16-17 year olds) but again, practitioners must keep in mind the potential for inflated recidivism estimates and the absence of norms or calibration for younger transition-aged individuals.

General risk-need assessment

In terms of assessing non-sexual recidivism risk and more general intervention needs, the Level of Service Inventory-Revised (LSI-R)⁹ is among the most common instruments among the general population of justice-involved adults.

⁴ Static-99R: Helmus, Thornton, Hanson, & Babchishin (2012); Hanson, Babchishin, Helmus, & Thornton (2013); Hanson, Harris, Scott, & Helmus (2007); VASOR-2: McGrath, Hoke, & Lasher (2013).

⁵ JSORRAT-2: Epperson, Ralston, Fowers, Dewitt, & Gore (2006); J-SOAP-II: Prentky & Righthand (2003); ERASOR: Worling & Curwen (2001).

⁶ Dr. Karl Hanson and Dr. Sue Righthand, personal communication.

⁷ Dr. James Worling, personal communication.

⁸ Dr. Karl Hanson, personal communication.

⁹ Andrews & Bonta (1995)

It is designed for use with individuals 16 years of age and older and is therefore appropriate for transition-aged individuals.

For justice-involved adolescents, recent norming and subsequent updates of the Youth Level of Service-Case Management Inventory (now the Y-LSI-CMI 2.0),¹⁰ support its use for adolescents up to 18 years old, who are in the lower age range of the emerging adult population. The overlapping ages for use of the adult and juvenile versions of the tools (i.e., either tool can be used to assess 16-18 year olds) affords practitioners flexibility in transitioning from the use of adolescent risk-need tools to adult risk-need tools. While these tools are not designed to estimate sexual recidivism risk, they are useful measures for assessing general or violent recidivism risk, as well as the intervention needs that can guide case planning and management. This is important, in that individuals who have committed sex offenses are more likely to be rearrested or reconvicted for non-sexual offenses than additional sex offenses.

Ongoing assessment of dynamic risk factors

Emerging adulthood is a developmental period in which many life elements are in flux, particularly in areas such as relationships, sexual behaviors, residence/housing, education, and employment. Positive change and stability in these areas decrease recidivism risk and, conversely, changes in the other direction can signal increased recidivism risk. A few empirically-supported assessment measures provide practitioners with structured methods of exploring these and other dynamic risk factors. These include the STABLE- and ACUTE-2007 and the Sex Offender Treatment Intervention and Progress Scale (SOTIPS),¹¹ which incorporate changeable risk factors such as the following (Hanson & Morton-Bourgon, 2005; Hanson, Harris, Scott, & Helmus, 2007; McGrath, Cumming, & Lasher, 2013):

- The quality and stability of intimate relationships;

- General social rejection and/or loneliness;
- Sexual self-regulation difficulties (e.g., high sex drive, sexual preoccupations, use of sex as coping);
- Deviant sexual interests;
- Attitudes and beliefs that support or condone sex offending behavior;
- Cooperation and engagement with supervision;
- General self-regulation difficulties (e.g., impulsivity, poor problem solving skills; substance abuse, emotional collapse, and hostility); and
- Collapse of social supports.

Adolescent tools such as the ERASOR and J-SOAP-II include dynamic factors such as the following (Prentky & Righthand, 2003; Worling & Curwen, 2001):

- Quality of peer relationships;
- Pro-offending attitudes pertaining to sex offending;
- Understanding risk factors and risk management strategies;
- Management of sexual urges and desires;
- Stability of living situation; and
- Evidence of positive supports.

As is evident from the items on the assessment tools for adults and juveniles, a number of dynamic risk factors for adolescents overlap with those for adults. When assessing and intervening with this transition-aged population, practitioners are well-advised to focus on these overlapping dynamic risk factors. For these purposes, the general guidance is to use adolescent risk-need instruments for younger emerging adults and *transition* into more adult-focused measures of dynamic risk.

¹⁰ Hoge, Andrews, & Leschied (2002)

¹¹ McGrath et al. (2013)

For example:

- The J-SOAP-II may be useful for assessing dynamic risk and intervention needs of individuals on the younger age of the emerging adult continuum (e.g., up to 21);
- The STABLE- and ACUTE-2007, and the SOTIPS start to come into play as individuals reach age 18 and older; and
- When the age ranges for the respective adult and adolescent tools overlap (e.g., 18-21 years), it may be beneficial to use adolescent and adult risk-need tools simultaneously and consider the relative risk findings within the context of the emerging adulthood stage.

To summarize, risk assessment processes for transition-aged individuals who have committed sex offenses are necessarily imprecise, and questions remain about which assessment strategies are most reliable for this population (i.e., processes designed for adolescents, those designed for adults, or a combination). In light of this, practitioners may opt to make a classification determination – designating the individual as either an adult or adolescent – and utilize measures designed for that population.¹² Alternatively, as noted above, using both an adult tool and a juvenile tool concurrently (e.g., during the 18-21 year old age range) is a reasonable approach as well,¹³ recognizing the caveats related to the norming of the tools and

uncertainties about reliability and validity with this specific population.

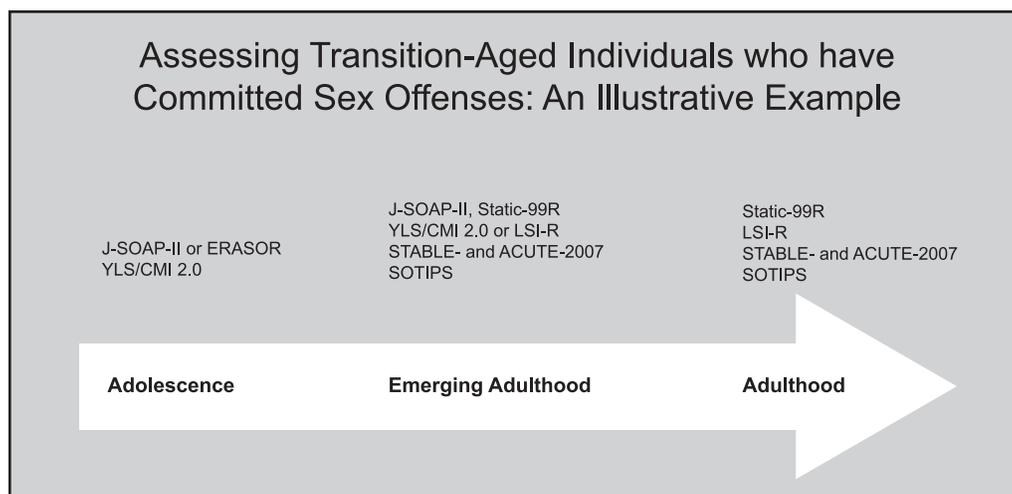
What are some important elements of treatment and supervision for transition-aged individuals who have committed sex offenses?

The constellation of dynamic risk factors for sexually abusive adults and adolescents – framed within the context of the developmental goals, challenges, and characteristics of the emerging adulthood stage – are grounding points for intervening with emerging adults who have committed sex offenses. It is important to frame interventions through a developmental lens as it reminds practitioners that the challenges and difficulties faced by individuals who have committed sex offenses are similar in many ways to some of the challenges and difficulties faced by non-justice involved peers as part of the normative life course (Creeden, 2013). Such an approach also provides guidance regarding the nature and extent of skill deficits that are barriers to successfully moving forward in a given developmental stage, and therefore highlights important intervention targets (Creeden, 2013).

Some of the targets of intervention for emerging adults who have committed sex offenses are largely within the realm of offense-specific treatment providers and other clinicians. Others also can be addressed by case

¹² Dr. Karl Hanson, personal communication.

¹³ Dr. Karl Hanson, Dr. Sue Righthand, and Dr. James Worling, personal communication.



managers, correctional or juvenile justice practitioners, and supervision officers who have important roles as change agents. Indeed, research demonstrates that officers' contacts, when well-structured and utilizing evidence-based strategies, can promote change and effectively reduce recidivism as well (Robinson et al., 2011; Smith et al., 2012).

Promoting intimacy, healthy sexuality, and sexual self-regulation

The capacity to form and maintain healthy intimate relationships is an important marker for the transition into adulthood, whereby individuals begin to shift from more transient relationships to those that are more enduring. During the emerging adulthood period, casual sexual relationships and experiences outside of ongoing dating/committed relationships are fairly prevalent (see, e.g., Arnett & Tanner, 2005; Claxton & van Dulmen, 2013; Tanner & Arnett, 2009). And while common, such behaviors in excess can detrimentally affect mental health and psychological well-being, physical and sexual health and safety, and the ability to form and maintain healthy intimate relationships (Fielder & Carey, 2010).

Intimacy deficits, conflicts in sexual relationships, and sexual preoccupations – which include frequent casual relationships – are linked to recidivism among individuals who have committed sex offenses (Hanson & Morton-Bourgon, 2005; Worling & Langstrom, 2006). Hence, interventions should assist transition-aged individuals with developing meaningful, intimate, and more enduring relationships. This can occur in part through education about the nature of intimacy beyond sexual connectedness (e.g., emotional closeness, mutuality, trust) and by emphasizing skill-building in areas such as:

- Communication;
- Conflict resolution;
- Reciprocity and respect;
- Compromise;

- Healthy emotional, physical, and sexual boundaries; and
- Coping with fears of intimacy, rejection, and emotional and social loneliness.

In addition, deviant/atypical sexual interests, arousal, and urges (e.g., involving pre-pubescent children, aggression/violence, non-consent) are strong predictors of recidivism among individuals who commit sex offenses and, when present, should be a treatment priority (Hanson & Bussiere, 1998; Hanson & Morton-Bourgon, 2005; Worling & Langstrom, 2006). A primary goal of interventions with emerging adults is to increase healthy, age-appropriate sexual interests, arousal, and behaviors while decreasing and learning to effectively manage those that are offense-related. To that end, providers should assist transition-aged individuals with reducing pro-offending attitudes, the use of sex as a coping skill, sexual preoccupations and compulsions, and access to victims as warranted.

Enhancing general self-regulation

Mental health issues such as anxiety and depression occur at higher levels during emerging adulthood relative to other developmental periods, and the onset of severe mental health disorders peaks during this time (Adams, Knopf, & Park, 2013). Additionally, emerging adulthood – during which time individuals reach the legal drinking age – is also an elevated time for exposure and experimentation involving alcohol and drugs, binge drinking, social pressures to consume alcohol and use other substances, and elevated rates of alcohol- or other substance-related sexual victimization (Adams et al., 2013). If left untended, these issues can detrimentally impact development and functioning across a number of domains (e.g., physical, emotional/psychological, sexual, social, school and work) – as well as brain development – and they are linked to delinquency and crime (including sex offending behavior) (Adams et al., 2013; Hanson & Morton-Bourgon, 2005; Worling & Langstrom, 2006). This highlights the particular importance of assisting transition-aged individuals who

have committed sex offenses with developing healthy coping and self-management skills. For example, interventions should be designed to support them with:

- Developing effective problem-solving skills to counter the normal pressures and increased freedoms that often come with emerging adulthood, as well as the added stressors that result from their involvement in the justice system;
- Recognizing symptoms of mental health difficulties, accessing appropriate mental health services and, when prescribed, remaining medication-compliant (whether for managing mental health disorders or sexual arousal and impulses);
- Managing the transition to the legal drinking age and responsible drinking, as well as the relationship between substance use, impaired judgment, irresponsible sexual behavior, and sex offending (notwithstanding supervision conditions that involve prohibitions and restrictions pertaining to alcohol and other substances);
- Identifying and learning to manage emotional states, antisocial and other thinking patterns, circumstances, and behaviors that are associated with their sex offending and other problem behaviors; and
- Anticipating the potential for heightened social, employment, housing, and other challenges that arise from having a sex offense conviction.

Developing prosocial peers and social networks

During the emerging adulthood stage, levels of social activity are particularly high, new friendships and peer groups are often formed, and existing social networks are either solidified or dissolved (Arnett, 2004; Arnett & Tanner, 2005; Tanner & Arnett, 2009). Unfortunately, many justice-involved youth and emerging adults have histories of affiliating with negative peers and other influences that contribute to antisocial attitudes, values, and conduct.

Using Adult vs. Adolescent Risk Assessment Tools for Transition-Aged Individuals

Using adult and adolescent tools simultaneously is one option for assessing transition-aged individuals who have committed sex offenses, particularly those who are 18-21 years of age. Another option is to categorize a given transition-aged individual as either an adult or adolescent and then select the accompanying risk assessment tool for that person. Examples of factors to consider include the following:

- Age at first sexual offense behavior (< 18 or 18 +)
- Age at most recent sexual offense behavior (< 18 or 18+)
- Overall level of psychosexual maturity
- Involvement with parent/guardians/school versus romantic partners/work
- Whether the parties were close in age (which is more like an adolescent)
- If extensive offense planning occurred (more like an adult)
- The presence of overt paraphilic behavior (more like an adult)
- Atypical sexual preferences, such as a “preferential child molester” (more like an adult)

(Dr. Karl Hanson, personal communication)

They may lack the social and other skills that are needed to foster and maintain relationships with prosocial peers or to fit into positive social networks.

And, as highlighted earlier, emerging adults who have committed sex offenses are likely to encounter barriers to developing and maintaining prosocial friendships and supports.

Treatment Engagement and Retention is Low among Emerging Adults

Despite the relatively high prevalence of mental health and substance abuse issues during this life stage, emerging adults have low rates of seeking, accessing, and remaining in services to address such needs (Adams et al., 2013). This can be the result of (Moitabai et al., 2011):

- Financial barriers;
- Low perceived need;
- The desire to handle one's problems alone;
- Perceived stigma; and
- Skepticism about the effectiveness and value of these interventions, as well as financial and other accessibility barriers.

Such barriers may be particularly salient with respect to engagement and retention in sex offender-specific programs, even though such treatment is generally mandated. Practitioners can help promote treatment engagement and retention by developing or linking them to same-age programs and services, where the issues, challenges, intervention needs, and "stage of life" goals are more matched. Promising models upon which such emerging adults programs can be framed include those that address substance abuse and mental health difficulties.

For example:

- Transition-aged youth who are sentenced to custody placements are removed from their communities and sources of prosocial supports and positive social engagement;
- Being labeled as a "sex offender" almost inevitably leads to greater peer rejection and social isolation for these youth, which may heighten their risk to reoffend; and
- Many conditions for sex offenders, which are understandably highly restrictive, further limit their exposure to and participation in activities that may otherwise provide opportunities for meeting new people.

Focusing supervision and treatment efforts on developing prosocial supports and influences is vital, not only because it is necessary for a healthy transition into adulthood, but also as it can significantly reduce the likelihood of recidivism among sex offenders (Hanson & Harris, 2000; Hanson et al., 2007; Worling & Langstrom, 2006).

Practitioners can support this goal by assisting transition-aged individuals with:

- Enhancing social skills that are important for building and sustaining healthy friendships;
- Critically examining the choices they make regarding their peer groups and social activities;
- Learning to resist the influences of peers with whom they may still choose to interact; and
- Identifying community and other activities that increase opportunities to meet prosocial individuals and expand develop positive social networks, while being mindful of any potential risk factors or victim access concerns that may arise.

Encouraging healthy family involvement

During adolescence, youth are highly dependent on parents/caregivers or other adults for structure, routine decisionmaking, financial support, and basic life needs such as housing, clothing, and food. In addition, families play

Multisystemic Therapy-Emerging Adults (MST-EA)

MST is an evidence-based intervention originally developed for chronic and violent delinquent youth; it is also effective with adolescents who have committed sex offenses (Henggeler et al., 2009; Letourneau et al., 2009). Recently MST has been adapted for emerging adults – namely those with persistent mental health needs – to decrease criminal offending and increase positive involvement and functioning in activities commensurate with this developmental stage (e.g., finishing school, developing career goals, beginning rewarding work, moving into their own housing, shifting to more adult-like relationships with their parents and peers). In addition to the more traditional MST team members (i.e., therapists and clinical supervisors), the MST-EA approach includes a life coach/natural mentor and a psychiatrist. Because treatment engagement and retention is a concern for the emerging adult population, Motivational Enhancement Therapy is incorporated into the MST-EA model. Research on the effectiveness of this promising MST adaptation is underway.

<http://academicdepartments.musc.edu/psychiatry/research/fsrc/subsites/mstforea.htm>

an important role in shaping attitudes, values, morals, and behaviors. Emerging adulthood involves a gradual and necessary movement toward increased autonomy, self-sufficiency, and responsibility, but this does not lessen the importance of family involvement. Practitioners must recognize the role that families can continue to play in providing necessary support to transition-aged individuals who have committed sex offenses, and at the same time assist them with developing the skills and resources that facilitate movement toward healthy independence. If necessary it may require working through unhealthy family dynamics, such as enmeshment and enabling, which can hamper this transition. Family-focused interventions are among the most effective interventions for reducing recidivism and promoting positive outcomes for justice-involved youth, including those who have committed sex offenses (Aos, Miller, & Drake, 2006; Henggeler et al., 2009; Letourneau et al., 2009) and may have some relevance for transition-aged individuals, particularly on the younger age of the emerging adulthood continuum.

Maximizing community supports through natural mentors

The absence of community supports is linked to sexual and non-sexual recidivism among individuals who have committed sex offenses (Hanson et al., 2007; Worling & Langstrom, 2006). Conversely, the presence of one or more caring, stable adults who can provide mentoring, guidance, role modeling, and support is an important protective factor for at-risk youth and can facilitate the effective transition from adolescence to adulthood (DuBois, Portillo, Rhodes, Silverthorn, & Valentine, 2011). A recent meta-analysis revealed that mentoring improves outcomes across a variety of domains (e.g., emotional, social, behavioral, academic) (DuBois et al., 2011). These benefits can be achieved through the use of “natural mentors,” individuals that are already present in an individual’s existing natural environment or social network, such as extended family members, neighbors, coaches, teachers, and representatives from the faith-based community (Ahrens et al., 2011; Hamilton & Hamilton, 2006, 2010).

For emerging adults who have committed sex offenses, supports such as these can be influential for assisting with life skills, identifying and securing suitable housing, supporting educational and employment goals, and

providing linkages to other important community resources. And they are particularly important during times when transition-aged individuals find themselves experiencing emotional states or other circumstances that may signal an increased risk for recidivism. Practitioners can assist emerging adults with identifying under what circumstances, how, and to whom they can reach out and not simply attempt to “do it alone.”

Achieving residential stability

Multiple changes in one’s living situation are more commonplace during emerging

adulthood than in adolescence or adulthood (e.g., moving in with friends, intimate partners, attending college, returning to parent’s home) (Arnett, 2004, 2005; Arnett & Tanner, 2005; Tanner & Arnett, 2009). This is part of the natural life course as educational, vocational, social, and romantic pursuits are ongoing, and as there is more deliberate movement toward independence and autonomy. While this is a normative experience during this developmental period, residential instability is linked to recidivism among individuals who have committed sex offenses, who may be

Developing a Local Resource Inventory

To support practitioners’ efforts to link transition-aged individuals with appropriate programs and services in the community, comprehensive resource inventories can be a beneficial tool. Such a resource inventory is designed to include a wide range of existing programs and services in the jurisdiction that can support transition-aged individuals with addressing the various needs that may exist for this population during emerging adulthood. Such resources may exist within justice systems, community mental health, social services, and other public sector agencies, private programs and agencies, and community organizations. They may include:

- Specialized treatment services;
- Mental health and substance abuse services, particularly for emerging adults;
- Employment readiness and job skills training programs;
- Faith-based supports;
- Mentoring and tutoring programs; and
- Victim treatment or support groups.

For additional information about key steps for developing a resource inventory and an illustration of the types of information that can be produced from such an inventory, see CSOM (2007) *Enhancing the Management of Adult and Juvenile Sex Offenders: A Handbook for Practitioners and Policymakers*.

In addition, listed below are examples of comprehensive resource inventories for transition-aged individuals:

Transitional Youth San Francisco: Transitional Youth Providers Guide, http://www.taysf.org/wp-content/uploads/2012/09/TAY_Final.pdf

Massachusetts Department of Mental Health, Young Adult Resource Guide 2011, <http://www.mass.gov/eohhs/docs/dmh/publications/young-adult-resource-guide.pdf>

New York State, Office of Mental Health, Transition Age Youth Resources, http://www.omh.ny.gov/omhweb/consumer_affairs/transition_youth/resources/

more prone to residential instability than other justice-involved persons (Hanson et al., 2007). This can be the result of victims in the home, residence restrictions, or housing authorities' or landlord's policies that prohibit sex offenders. As such, emerging adults who have committed sex offenses may need targeted assistance from practitioners, family, and community supports to secure and maintain a suitable, affordable, and stable residence.

Enhancing independent living skills

Lastly, to support transition-aged individuals with developing the skills and resources needed to become autonomous, responsible, and productive adults, it is particularly important to link them to services that can help in areas pertaining to education, vocation, job seeking and maintenance, money management, housing, family planning/parenting, healthcare, and mental and behavioral health. In public and private sectors, independent living and other transition-related services have been developed specifically for emerging adults; some jurisdictions have developed resource

inventories that identify these services for practitioners. Given that they experience similar issues in these areas and may have additional needs beyond other emerging adults, transition-aged individuals who have committed sex offenses may benefit from such programs and services.

Conclusion and Future Directions

The emerging adulthood field is still emerging itself, particularly with respect to its application to justice-involved populations. In terms of transition-aged individuals who have committed sex offenses, there is much to be learned. Studies are needed to develop a data-driven understanding of this special population and the extent to which they are similar to, or different from, adolescents and adults who have committed sex offenses. Given the distinctions between the developmental stages of adolescence, emerging adulthood, and adulthood, the field can benefit from identifying the specific implications for assessment, treatment, supervision, and other interventions

What Professionals Can Do to Enhance System Responses for Transitioned-Aged Individuals who Have Committed Sex Offenses

- Develop a data-driven understanding of the existing population of transition-aged individuals who have committed sex offenses.
- Raise awareness among policymakers and practitioners about this distinct developmental period and its implications for policy and practice.
- Appreciate that adolescents do not instantly transform into adults upon reaching the legal age for adulthood.
- Recognize that emerging adulthood is a pivotal time during which practitioners not only can promote risk-reduction and community safety, but also can support the successful transition into adulthood.
- Utilize a transitional approach to assessment tools, recognizing the necessary imprecision of assessing transition-aged individuals.
- Remain mindful of the potential pitfalls of aggregating younger individuals with older, more settled adults, whether for placement or intervention.
- Identify an existing resource inventory – or develop one – for transition-aged individuals.

and strategies for this population. And as assessment tools and intervention strategies begin to be developed and tailored for emerging adults, research will be needed to explore the potential effectiveness of such approaches in comparison to existing approaches to working with adolescents and adults who have committed sex offenses.

Acknowledgments

This document was written by Dr. Kurt Bumby, Senior Associate at the Center for Sex Offender Management (CSOM) and Leilah Gilligan, Senior Manager at CSOM. Much appreciation is extended to Drs. Karl Hanson, Sue Righthand, and James Worling for their assistance and expert insights about the assessment processes and recommendations regarding transition-aged individuals who have committed sex offenses. The authors also extend special thanks to Chris Imbriglio, Acting Assistant Probation and Parole Administrator for the Rhode Island Department of Corrections; Kim Maciel, Victim Advocate, Intensive Sex Offender Unit with the Rhode Island Department of Corrections; and Karyn Watkins, Training Specialist with Day One Rhode Island for providing their extensive insights regarding the management of this population.

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This document was supported by Grant No. 2010-WP-BX-KOO1 awarded by the Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering and Tracking, Office of Justice Programs, U.S. Department of Justice. Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.