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CASE REPORT

Risk Assessment of Juveniles Adjudicated for Possession of Child Sexual Exploitation Material

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ABSTRACT

Adolescents with sexual behavior problems are a heterogeneous group of individuals, each with unique assessment and treatment needs. Recently, increased attention has been given to risk assessment of adolescents adjudicated for possession of child sexual exploitation material (CSEM), though relatively little is known about their risk for reoffending or specific assessment considerations. The current case study assesses the utility of three evidence-informed risk assessment measures for a 15-year-old boy adjudicated for possession of CSEM, with considerations given to the importance of individualized case formulation and risk assessment with youth adjudicated for CSEM possession.

KEYWORDS

Adolescents; child pornography; evidence-based assessment; sexual behavior problems

Assessment and treatment approaches for sex offenders have largely been based on strategies developed with adult populations of sex offenders (Prescott, 2005). However, an important area of interest for clinicians and researchers alike is the development of effective risk assessment procedures for adolescents with illegal sexual behavior (AISB). Such procedures are clearly needed for AISB, as more than one in three sexual offenses are committed by juveniles. Furthermore, juveniles who commit sexual offenses have significantly more child victims than adult offenders, as the proportion of victims under the age of 12 is 59% for juvenile offenders compared to 39% for adult offenders (e.g., Finkelhor, Ormrod, & Chaffin, 2009).

One area of juvenile sexual offending that has garnered increased attention in recent years involves possession of child pornography (e.g., Swiss Federal Institute for Statistics, 2009; Wolak, Finkelhor, & Mitchell, 2011), now more commonly referred to as child sexual exploitation material (CSEM). Although estimates of CSEM offenses vary across adult sex offenders (Seto, Hanson, & Babchishin, 2011), up to 85% of adult CSEM offenders also report a history of contact sexual offending (Bourke & Hernandez, 2009). In contrast, juvenile CSEM offenders are less likely than adults to have either prior or subsequent contact sexual offenses (Aebi, Plattner, Ernest, Kaszynski, & Bessler, 2014). However, given the recent

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increases in juvenile adjudications related to the possession of CSEM (Swiss Federal Institute for Statistics, 2009), specific risk factors associated with committing CSEM offenses and committing subsequent contact sexual offenses must be explicated.

There are several factors that increase juveniles' risk for committing a CSEM offense (Aebi et al., 2014), including a lack of knowledge about applicable sex offense and CSEM laws (Alexy, Burgess, & Prentky, 2009), immaturity and uncertainty regarding sexual orientation (Aebi et al., 2014), or possibly emerging patterns of deviant sexual interests (e.g., Marshall, Barbaree, & Eccles, 1991; Seto, Cantor, & Blanchard, 2006). For adult sex offenders and AISB, possessors of CSEM are likely a distinct group of offenders compared to contact offenders (Aebi et al., 2014; Babchishin, Hanson, & Hermann, 2011; Wolak et al., 2011). For example, juvenile possessors of CSEM are more likely to come from a higher socioeconomic background, have fewer previous sexual or nonsexual offenses, and may be less likely to reoffend in the future compared to juvenile contact offenders who offended against peers or adults (Aebi et al., 2014).

Though some research indicates adult CSEM offenders have low rates of future sexual offending (Seto et al., 2011) and may be able to avoid contact offenses (e.g., Diamond, Jozifkova, & Weiss, 2011), more information is needed to determine if these findings generalize to juvenile possessors of CSEM. Whereas adult CSEM offenders are a heterogeneous group that represent a large spectrum of risk (e.g., Wolak et al., 2011), preliminary evidence suggests that juvenile possessors of CSEM are not at high risk for future offending against peers and adults (Aebi et al., 2014). However, similar to adult CSEM offenders, these youths may represent a broader spectrum of risk than previously purported given the lack of available research and data. Indeed, though Aebi et al. (2014) found that juveniles caught with CSEM are at relatively low risk to commit subsequent sexual crimes, the authors also report that additional replication of their findings in other juvenile populations is necessary. Before distinguishing these youths from other juveniles adjudicated for sexual offenses, particularly in terms of risk for subsequent contact offending, additional research on risk assessment procedures is warranted. Furthermore, following the Risk-Need-Responsivity principle (Andrews & Bonta, 2010), effective interventions for offenders are those that are matched to the offender's unique risk for reoffending and other treatment needs. Accordingly, the effectiveness of current risk assessment technologies for juvenile possessors of CSEM must also be examined to determine if specialized risk assessment tools are needed for these juveniles to adequately assess risk and protective factors and treatment considerations. Indeed, risk assessment measures should be flexible and contextualized to evaluate specific factors associated with recidivism (e.g., Guy, Packer, & Warnken, 2012). Although measures have been developed for adults, such as the Child Pornography Offender Risk Tool (CPORT; Seto & Eke, 2015), to date there are no measures specifically assessing risk for a subsequent CSEM offense for adolescents.

The following case study demonstrates the utility of three commonly used, evidence-based risk assessment tools to assist in risk formulation for Sam, a 15-year-old male adjudicated for one count of Possession of Pornographic Materials and court-ordered to an accountability-based sex offender treatment program. Data collected for the publication of the case study was approved by the appropriate Institutional Review Board and consent for the data to be used was obtained from the legal guardian and child. Details not directly relevant to the assessment of risk were withheld to protect the client's confidentiality.

Case study

Overview

Sam was a 15-year-old boy adjudicated for illegal sexual behavior and court-ordered to receive residential treatment. He was arrested and adjudicated for showing CSEM (i.e., pictures) to members of his church youth group, who subsequently reported the incident to their parents. During the police investigation, Sam was found to be in possession of CSEM on a handheld device. Sam told police he had shown the material to children at school and church in order to impress the children. Sam underwent a comprehensive pretreatment evaluation, which included a clinical interview, measures of behavioral and personality functioning, measures of academic and intellectual functioning, and sexual violence risk assessment tools.

Background information

Sam was adopted as an infant and has no contact with his biological parents. His biological mother had a difficult delivery, resulting in his umbilical cord being wrapped around his neck, and he spent time in a neonatal hospital for treatment of lung problems. Following his hospitalization, his medical history was unremarkable. Throughout his childhood and adolescence, Sam's adoptive parents have had difficulty in managing his behavioral problems. Records indicated he has used intimidation and threats toward his mother. When his parents attempt to set limits, Sam finds creative ways to conceal his behavior. His adopted parents recently divorced and he expressed difficulty with this transition.

Sam reported having three good friends—a peer-aged boy, a 7-year-old girl, and an adult family member. Other than these friends, he described a childhood and social environment devoid of any meaningful relationships with peers or classmates. He reported feeling socially isolated, indicating that he desired to develop relationships with peer-aged individuals but frequently found himself consistently rejected by individuals in his peer group.

At the time of his adjudication, Sam was enrolled in the 9th grade. He had a history of special education and been diagnosed with a reading and math learning disability. School records indicated Sam began displaying a pattern of concerning sexual behavior in the 5th grade. During this time, Sam reported having sexual contact with numerous classmates. School records also note in the 6th grade, Sam also had been caught stealing feminine hygiene products from a student, as well as her identification card because he "wanted to find out more information about her." During his assessment, he reported that in the 5th grade, he told this same classmate that he was "going to rape her" because he thought that "rape" meant he wanted to have sex with someone.

Sam completed the Wechsler Abbreviated Scale of Intelligence (WASI; Wechsler, 1999) and Wide Range Achievement Test–4th edition (WRAT-4; Wilkinson & Robertson, 2006) in order to assess his pretreatment cognitive and academic functioning. On the WASI, Sam's Verbal IQ and Full Scale IQ were in the Low Average range (89) and his Performance IQ was in the Average range (92) when compared to same-aged peers. On the WRAT-4, he scored in the Average range on Word Reading and Spelling, in the Below Average range on Sentence Comprehension, and in the Low range on Math Computation. His deficits in those achievement domains appeared consistent with his history of special education services.

Psychological functioning

Sam received psychological treatment on numerous occasions prior to his current adjudication. Sam had also previously been hospitalized for one week for delusional thoughts, reporting that he could not control his thoughts. According to records, Sam was diagnosed with attention-deficit/hyperactivity disorder (ADHD) when he was 4 years old. Sam also reported that he had previously been diagnosed with autistic disorder and obsessive-compulsive disorder (OCD); however, records corroborating these diagnoses were not present. Sam completed the Baron-Cohen Autism Spectrum Quotient (ASQ; Baron-Cohen, Wheelwright, Skinner, Martin, & Clubley, 2001), which measures symptom impairment across five domains (i.e., poor social skills, poor communication skills, poor imagination, poor attention-switching, and high attention to detail) in order to evaluate symptoms related to autistic disorder. Sam's ASQ results indicated he is not likely to be diagnosed with an autism-spectrum disorder.

Psychosexual functioning

During his pretreatment interview, Sam described instances of childhood maltreatment. According to Sam, he was sexualized at an early age through sexual abuse and exposure to pornography by a family member. Sam reported that his first sexual experience was digital penetration with a peer-

aged girl when he was 6 years old, and he indicated that he began masturbating when he was 9 years old. Sam completed the Trauma Symptom Checklist for Children (TSCC; Briere, 1996) to assess for posttraumatic distress and related psychological symptomatology. It is intended for use in the evaluation of children who have experienced traumatic events, including childhood physical and sexual abuse, victimization by peers, major losses, the witnessing of violence done to others, and natural disasters. There was a significant elevation on the Sexual Concerns scale, including the Sexual Preoccupation and Sexual Distress subscales, which indicates Sam may have been prematurely sexualized or sexually traumatized and experienced distress or conflict associated with sexual matters or experiences. Sam's elevations on these scales are consistent with his reported early exposure to sexual stimuli and reported sexual abuse.

Sam provided his account of his recent illegal sexual behavior. Sam showed a profound lack of remorse for his underlying offense, believing he should have received a second chance and minimizing the nature and harm of the offense. Regarding his current adjudicated charge of possession of CSEM, Sam accepted partial responsibility for his illegal sexual behavior; however, he stated the children in his youth group were also to blame for reporting his behavior.

Sam reported having sexually abused numerous children over the past several years—which he had not been adjudicated for. He reported incidents of fondling, digital penetration, oral sex, and anal sex with males and females, ranging in age from 7 to 11. He reported engaging in illegal sexual behaviors with young family members, acquaintances, strangers, and animals. His behaviors included some force, intimidation or threats, and grooming behaviors (e.g., giving them candy). Records indicated some of the incidents had previously been reported to social services; however, the incidents that were reported were found to be unsubstantiated, and therefore, not adjudicated.

Sam demonstrated a remarkable capacity for planning many of his contact offenses, and employed coercion to keep his victims from disclosing their abuse. He indicated his victims enjoyed the nonconsensual sexual behavior. Sam perseverated on his attraction to young children, frequently making comments such as "age ain't nothing," "if you love [little girls] it should be okay," and "you should [be able to] get a license to date a little girl." During the interview, he repeatedly asked to see the contents of his records, asking specifically if there were any CSEM confiscated from his iPod or images of young girls, believing the contents of the police investigation were in his treatment records.

Sam also reported a number of other sexualized behaviors and described a pattern of sexual and interpersonal attraction to young children beginning at a young age. He disclosed watching young female children undressing in public places on numerous occasions. He also reported several instances of stealing girls' bathing suits and undergarments and masturbating into them. Finally, Sam described a pattern of surreptitiously taking photographs of young children on

the bus with his camera phone to look at and masturbate to at a later time. He boasted about his ability to take these pictures undetected. Records revealed that, two years prior to the instant offense, Sam was caught in possession of CSEM after school personnel received a report that Sam had two handheld gaming systems at school that contained CSEM that he was showing to peers. After being caught with CSEM, he was sent to alternative school, where he was subsequently caught viewing animal and cartoon pornography at that school.

Recidivism risk and psychopathy

One of the most commonly used measures in the United States with adolescents with illegal sexual behavior problems is the Juvenile Sex Offender Assessment Protocol–II (J-SOAP-II; Prentky & Righthand, 2003). The J-SOAP-II is a 28-item empirically informed guide designed to assess risk factors related to sexual and criminal offending in adolescents. It is designed to be used for male adolescents aged 12–18 years who have been adjudicated for sexual offenses, as well as nonadjudicated adolescents with a history of sexually coercive behaviors. The J-SOAP-II has four factors (Sexual Drive/Preoccupation, Impulsive/Antisocial Behavior, Intervention, and Community Stability/Adjustment). There are no cut-off scores available for categories of risk, and the developers caution that the J-SOAP-II should not be used in isolation when assessing risk. For research purposes, we have scored the J-SOAP-II to evaluate treatment progress across the 12 dynamic items. Each item is scored on a scale from 0 to 2. The absence of a risk factor, based upon the item description, results in a score of 0. A score of 2 is based upon the clear presence of the risk factor as outlined in the manual. A score of 1 is applied when partial evidence exists that a risk factor is present, but the evidence is insufficient to warrant a score of 2. At pretreatment, Sam's total score on the J-SOAP-II was 43, which reflects the presence of a large number of risk factors at the beginning of treatment, over half of which were dynamic risk factors. Dynamic risk factors that were notably elevated include (a) not accepting responsibility for offense, (b) low empathy, (c) remorse and guilt, (d) presence of cognitive distortions, (e) poor quality of peer relationships, and (f) poor management of sexual urges and desires. Although there are no cutoff scores for the J-SOAP-II, Prentky and Righthand (2003) noted in the J-SOAP-II manual that the average score on the J-SOAP-II was 30 for the three juveniles in the normative sample who committed another sexual offense. Therefore, Sam's score is significantly higher than those juveniles in the J-SOAP-II normative sample who committed a subsequent offense, though he was adjudicated for a noncontact sexual offense.

The Juvenile Sexual Offense Recidivism Risk Assessment Tool–II (JSORRAT-II; Epperson, Ralston, Fowers, DeWitt, & Gore, 2006) is an actuarial sexual recidivism risk assessment tool designed for juvenile male sexual offenders between the ages 12.0 and 17.99 years at the time of their index sexual offense.

On the JSORRAT-II, he obtained a total score of 6, which reflects a moderate-high risk for recidivism. It should be noted that the JSORRAT-II primarily relies on charges and adjudications for sexual offenses. In Sam's case, he disclosed many instances of engaging in illegal sexual behaviors, which were undetected by authorities. His score was largely elevated by his own history of physical and sexual abuse, school behavior problems, and placement in special education. Thus, results of the JSORRAT-II might underreport his likelihood of sexual reoffending given his sole adjudication for a noncontact sexual offense.

The Psychopathy Checklist: Youth Version (PCL: YV; Forth, Kosson, & Hare, 2003) is a structured professional judgment assessment of risk and the most widely used measure of psychopathic features in children and adolescents. The PCL: YV has been demonstrated to be a reliable measure that has demonstrated an association with aggression, antisocial behavior, and conduct problems in youth (Caldwell, 2011; Neumann, Kosson, Forth, & Hare, 2006). As they related to sexual recidivism, psychopathy traits are viewed as a risk factor for future violent offending and a predictor of recidivism for adolescents with illegal sexual behavior problems (Caldwell, Ziemke, & Vitacco, 2008; Hare, 1999; Hempel, Buck, Cima, & van Marle, 2013). The PCL: YV has been used widely in at-risk youth, including samples of incarcerated adolescents (e.g., Neumann et al., 2006) based on 20 items coded with a 3-point scale rating. Scores above 30 on the PCL: YV are indicative of a high presence of psychopathic traits. Sam received elevated scores on the following items: serious criminal behavior, early behavior problems, unstable interpersonal relationships, impersonal sexual behavior, stimulation-seeking, impulsivity, irresponsibility, lack of remorse, shallow affect, callousness, failure to accept responsibility, pathological lying, manipulation for personal gain, parasitic orientation, lacks goals, and grandiose sense of self-worth. In sum, Sam obtained a total score of 29 on the PCL: YV, which reflects a large number of psychopathic personality characteristics and potential for antisocial behavior.

Discussion

Though delinquent behaviors and antisocial attitudes are thought to significantly contribute to illegal sexual behavior in juvenile contact offenders (Aebi, Vogt, Plattner, Steinhausen, & Bessler, 2012), it has been suggested these factors are less important for juveniles adjudicated for CSEM possession (Aebi et al., 2014). Furthermore, preliminary research would suggest that juvenile CSEM possessors are at low risk for committing subsequent sexual offenses and represent a distinct group of juvenile offenders (e.g., Aebi et al., 2014). However, the current case study should illustrate that juveniles adjudicated for CSEM possession likely represent a heterogeneous group, a subset of whom may represent significant risk for future

contact offending. As a result, evidence-based risk assessment procedures should be employed with juveniles adjudicated for contact and noncontact offenses.

Consistent with the Risk-Need-Responsivity model, these risk assessment tools should serve to evaluate recidivism risk and inform specific treatment needs for juveniles adjudicated for CSEM possession. Though previous research (i.e., Aebi et al., 2014) would suggest that Sam, adjudicated for possession of CSEM, would be at low risk for future contact offending, his risk assessment results largely suggest that he is at high risk to reoffend. Overall, Sam's elevations and high risk for recidivism on the J-SOAP-II and PCL: YV were mostly based on his lack of understanding of risk factors and risk management strategies, his lack of empathy, and his cognitive distortions regarding his offense and reported sexual contact with numerous minors that were reported during his comprehensive pretreatment evaluation. Additionally, during treatment he reported that he intended to resume contact with a victim when he was released from treatment. These clinical data would constitute Meehl's version of a broken leg, supporting a designation of high risk in spite of the low actuarial risk associated with CSEM adolescents (Meehl, 1957). Given his results on established measures of recidivism, along with his reported intentions to resume sexually inappropriate relations with children, he was designated as high risk until he could sufficiently demonstrate that all of the concerning behaviors mentioned above were amenable to treatment. It should be noted that results from the JSORRAT-II underestimated his recidivism risk compared to the J-SOAP-II and PCL: YV, which likely highlights a weakness of actuarial risk assessment measures for CSEM offenders that rely on charged or adjudicated offenses. It is common for different instruments to yield more than one risk estimate (Vrieze & Grove, 2010). In order to reconcile these estimates, it has been recommended that evaluators be informed about what behaviors facilitated the offense and what risk factors were present in order to generate a risk category and make recommendations for risk management (Slovic, Monahan, & MacGregor, 2000). Kaseweter, Woodworth, Logan, & Freimuth (2016) purport that high-risk sexual offenders are heterogeneous in nature, and treatment and prevention needs to be individually tailored to address the needs identified in the dynamic factors found in the risk assessment tools—essentially drawing upon the core elements of the Risk-Need-Responsivity model.

At the time of his pretreatment assessment, Sam was likely at a higher risk for future contact offenses than other youth adjudicated for possession of CSEM, highlighting the importance of continued research involving risk factors associated with possession of CSEM. Sam's history of adjudications for CSEM and reported contact offenses indicate that he may need more intensive treatment relative to other juvenile CSEM offenders (Aebi et al., 2014). Although preliminary research (e.g., Aebi et al., 2014) suggests that youth adjudicated for CSEM offenses are likely low-risk, this case study illustrates the need for individualized, evidenced-based risk assessment procedures for juvenile possessors of CSEM. Although these youths may differ in many ways from juvenile contact offenders, such as

background characteristics and factors associated with offending, these youths should still undergo comprehensive, individualized risk assessment for future sexual offending. Indeed, there is a small group of juveniles who engage in repeated, dangerous sexually assaultive behavior (e.g., Worling & Långström, 2003), and juveniles who commit CSEM offenses may also be among this small group. Results from these risk assessment tools suggest that the J-SOAP-II and PCL: YV may be useful when assessing risk for juveniles adjudicated for CSEM offenses who have also committed contact offenses. However, risk assessment tools that only rely on adjudicated offenses, such as the JSORRAT-II, may underestimate risk in juvenile CSEM offenders who also have a history of contact offending. Hempel et al. (2013) suggest expanding risk assessment by including psychiatric, psychological, and biopsychological measurement tasks on reactive behavior on sexual cues. Measures of viewing time at pretreatment could be useful in the assessment of Sam's sexual interests, as viewing time has been reported to be significantly correlated with sexual interests in adults (Harris, Rice, Quinsey, & Chaplin, 1996).

Sam's case is quite unique among AISB. He presented with a high number of risk factors, as well as reportedly engaged in a number of illegal sexual behaviors that were not adjudicated. It is possible other juvenile CSEM offenders present with fewer risk factors and do not have a longstanding history of engaging in illegal sexual behavior. Therefore, it is important to note that although the risk assessment tools used, such as the JSORRAT-II, may have underestimated Sam's risk for re-offense, these tools may be useful with other juvenile CSEM offenders. The structured professional judgment tools are generally helpful in aligning with the Risk-Need-Responsivity model to identify risk and treatment needs. A recent meta-analysis has suggested that the sexual recidivism rate for AISB is approximately 3% (Caldwell, 2016). It is likely that adolescents adjudicated of CSEM offenses fell into this heterogeneous sample and also have a low likelihood of sexual recidivism. Recent adult studies suggest that those found to be high risk may not remain high-risk indefinitely, particularly after treatment (Hanson, Harris, Helmus, & Thorton, 2014). In sum, additional research is needed on this subset of AISB in order to determine recidivism rates for this population and to properly assess the utility of these commonly used risk assessment measures for AISB.

Just as AISB are a heterogeneous group with varying offender characteristics, risk levels, and treatment needs, the subgroup of AISB who are adjudicated for CSEM offenses are also heterogeneous. Indeed, it is quite likely that many juveniles adjudicated for CSEM are at low risk for subsequent offending relative to Sam, as Sam may be an exemplar of an adolescent with a more extreme offending pattern and history of delinquent, antisocial behavior not commonly found among other juvenile offenders. Although the majority of youth adjudicated for CSEM may be at low risk to reoffend (Aebi et al., 2014), and caution should be exercised when generalizing findings from the current case study to other adolescents adjudicated for CSEM, it is still crucial that all of these youth be evaluated using evidence-based

risk assessment procedures. Consequently, this case study illustrates the importance of evidence-based risk assessment for AISB with contact and noncontact offenses, illustrates an example of Meehl's clinical datum that must be factored into the analysis of risk, and highlights the need for additional research on strengths and weaknesses of existing risk assessment instruments for use with juvenile CSEM offenders.

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