BRIDGING THE AGE GAP:
Working With Emerging Adults Through a Trauma-Informed Lens

Dr. Michele Leslie, Psy.D.
Dr. Candice Waltrip, Psy.D.

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What Are We About to Get Into?

- Emerging Adults
  - Define
    - Outside the criminal justice system
    - Within the criminal justice system
- What we Know
  - And what we DON'T
- Assessment
- Treatment
- Supervision

What does it mean to be...

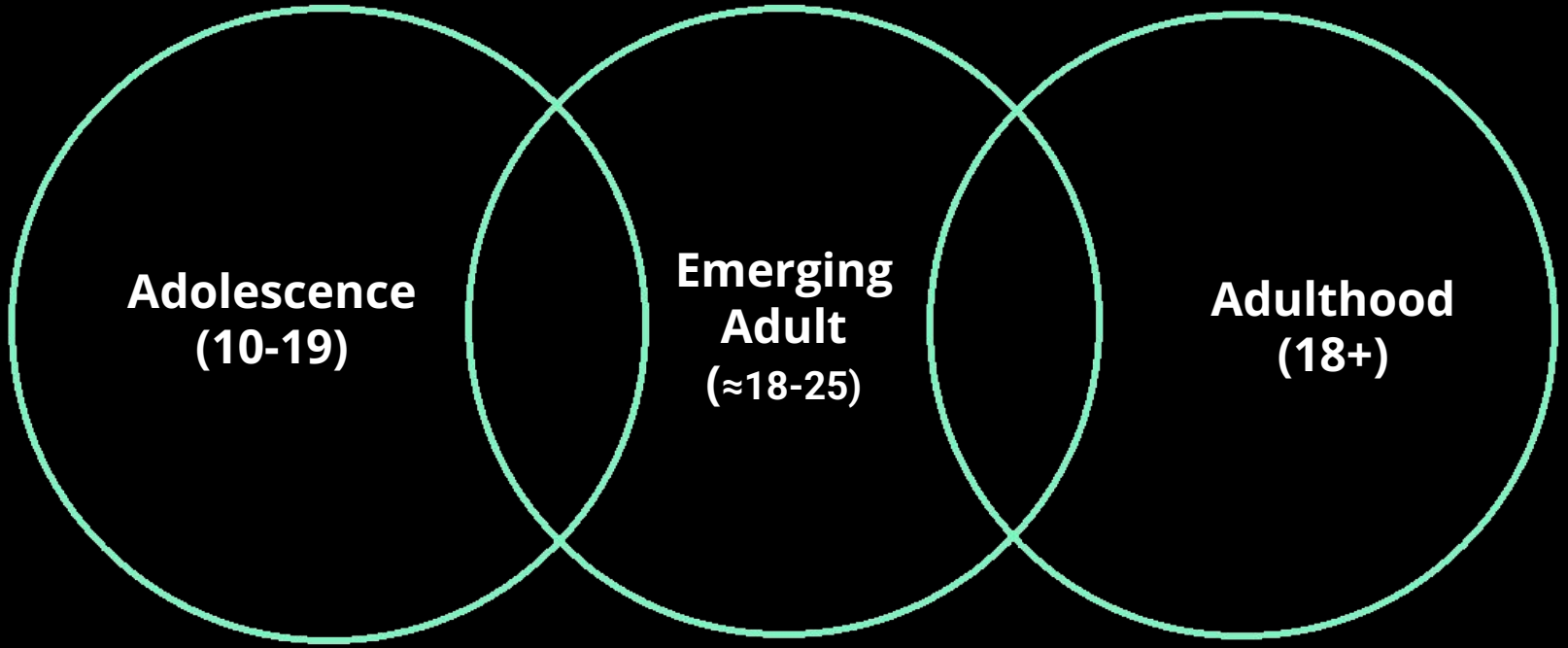
A Juvenile

An Emerging Adult

An Adult

Is It?

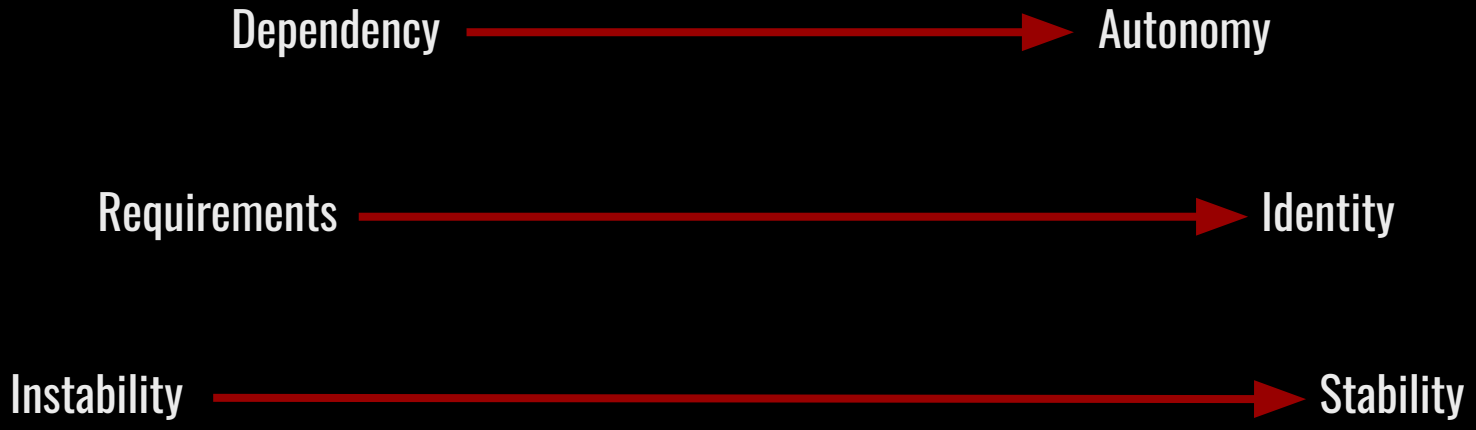
- Developmental?
  - Physical
  - cognitive
- Societal?
- Legal?
  - Probation/Parole
- Something else?



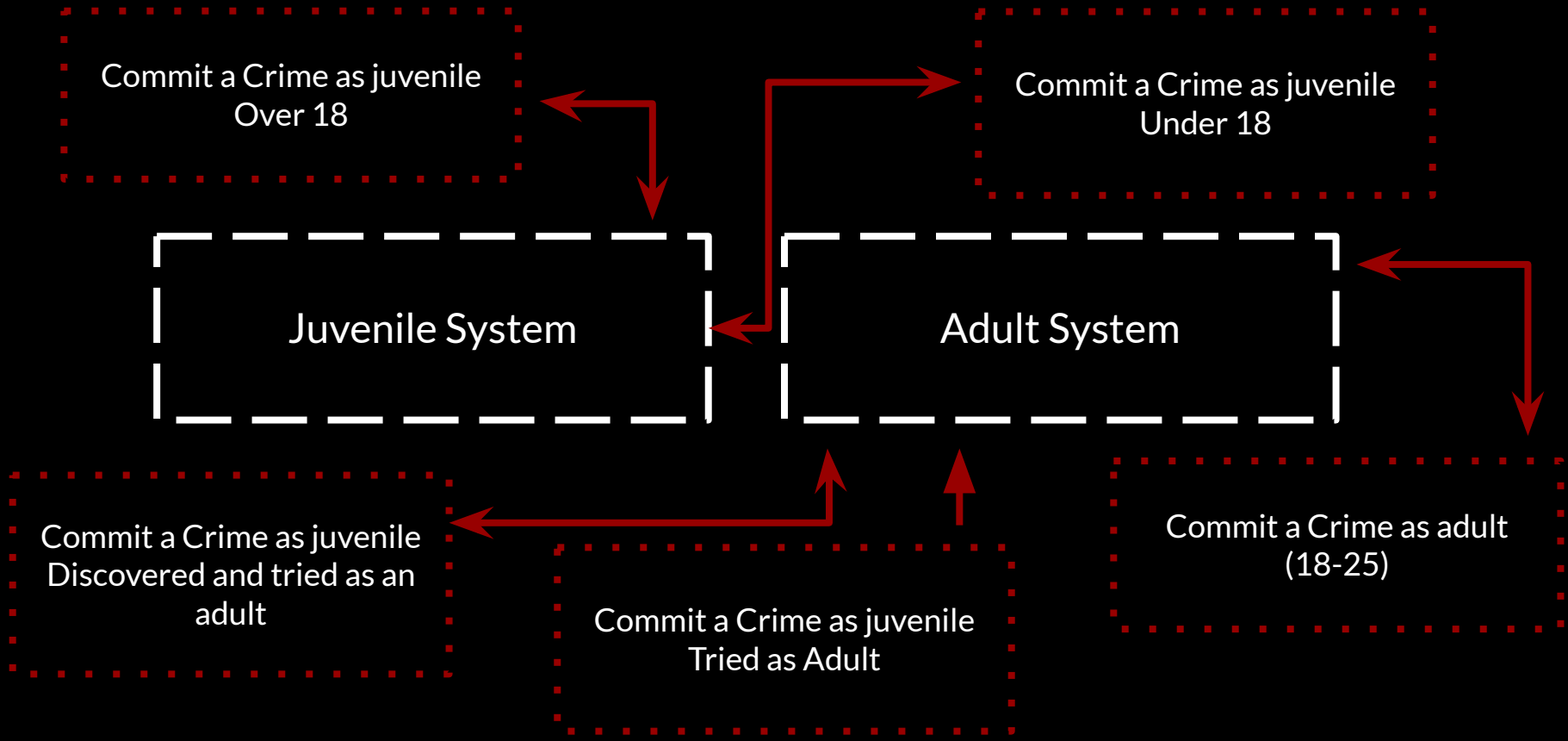
World Health Organization (WHO)

Emerging Adulthood On the Grand Scale

The “bridging” life stage between adolescence and adulthood



“Fitting In” in the Emerging Adult Framework



Emerging Adults in the Criminal Justice System

- Balancing all the new roles while also:
  - Meeting requirements established by the justice system
  - Completing sexual offense-specific requirements
    - Treatment, specialized supervision, registry
  - Potentially transitioning from the juvenile system to the adult system
    - Probation, incarceration, etc.
- Exposure to:
  - Antisocial attitudes
  - Unhealthy peers
  - Added (new) criminal behavior
    - Can potentially increase recidivism risk
- Potential removal from support system

Impact of the “Sex Offender” Label

- ➔ No matter the age, being labeled as a “sex offender” can greatly impact an individual’s self-perception and resulting success in the community setting
- ➔ For Emerging adults:

Previously identified changes + “sex offender” =

- ◆ Decreased self-worth
- ◆ Feeling of rejection
- ◆ Impacted social support
- ◆ Added hurdles to establishing adult milestones

Impact on Recidivism(?)

Impact of Trauma

Why Consider This?

- ➔ Understanding offending behavior through a trauma lens
- ➔ Most individuals don't "wake up a sex offender"
  - ◆ Growing up in an environment of
    - Maladaptive Coping
    - Unhealthy beliefs about power, control, healthy relationships, role of men vs. women
    - Role models and overlooking behavior
    - Development of distortions

ACEs and Sexual Offending

Levenson, Willis & Prescott (2014) SAJRT

ACE Questions:	Sex Offenders (n = 679)	General Population (n = 7,970)	Odds Ratio
Verbal abuse	53.3%	7.6%	13.88
physical abuse	42.2%	29.9%	1.71
child sexual abuse	38%	16%	3.22
emotional neglect	37.6%	12.4%	4.26
physical neglect	15.9%	10.7%	1.58
parents not married	54.3%	21.8%	4.26
DV in home	24%	11.5%	2.43
Substance Abuse in home	46.7%	23.8%	2.81
Mental illness in home	25.9%	14.8%	2.01
Incarceration family member	22.6%	4.1%	6.83

****Higher ACES score associated with higher risk score****

Schroeder D'Orazio NSAC 2023

Take a Quick Left Turn

Pathways to Desistance: A Longitudinal Study of Serious Adolescent Offenders

- November 2000 - April 2010
  - 1,354 juvenile offenders
    - 14-17 at the time of the offense
    - 184 females; 1170 males
  - Philadelphia and Phoenix
- Interviewed regularly for approximately 7 years post “adjudication/guilty” of a serious crime
  - All felony offenses
  - Excluded:
    - “Less serious” property crimes
    - Misdemeanor weapons offenses
    - Misdemeanor sexual assault
  - Interviews took place anywhere between 45 days and annually, depending on where the individual was at in the process
    - Ex: within 45 days of adjudication; annually after the first three years post adjudication/guilty

High Level Findings

****Just because an individual commits an offense as a juvenile does not mean adult offending is imminent****

- ➔ Many youth who committed felonies reduced their recidivism over time, regardless of the intervention
  - ◆ 91.5% reported decreased illegal behavior during the first 3 years
- ➔ Longer stays in juvenile institutions did NOT reduce recidivism
- ➔ Community-based supervision was shown to be effective
- ➔ Two factors which distinguished “desisters” from “persisters”
  - ◆ Decreased Substance Use
  - ◆ Greater stability of daily routines
- ➔ Of note:
  - ◆ Role of self-reported offending behavior

How to Find Balance Between?

Juvenile	Justice Systems	Adult
“Under 18” Juvenile Assessment	Assessment Measures	“Over 18” Adult Assessment
“You can change” Treatment Focus	Services	“You should have known better” Policy Focus

Who?

Check.

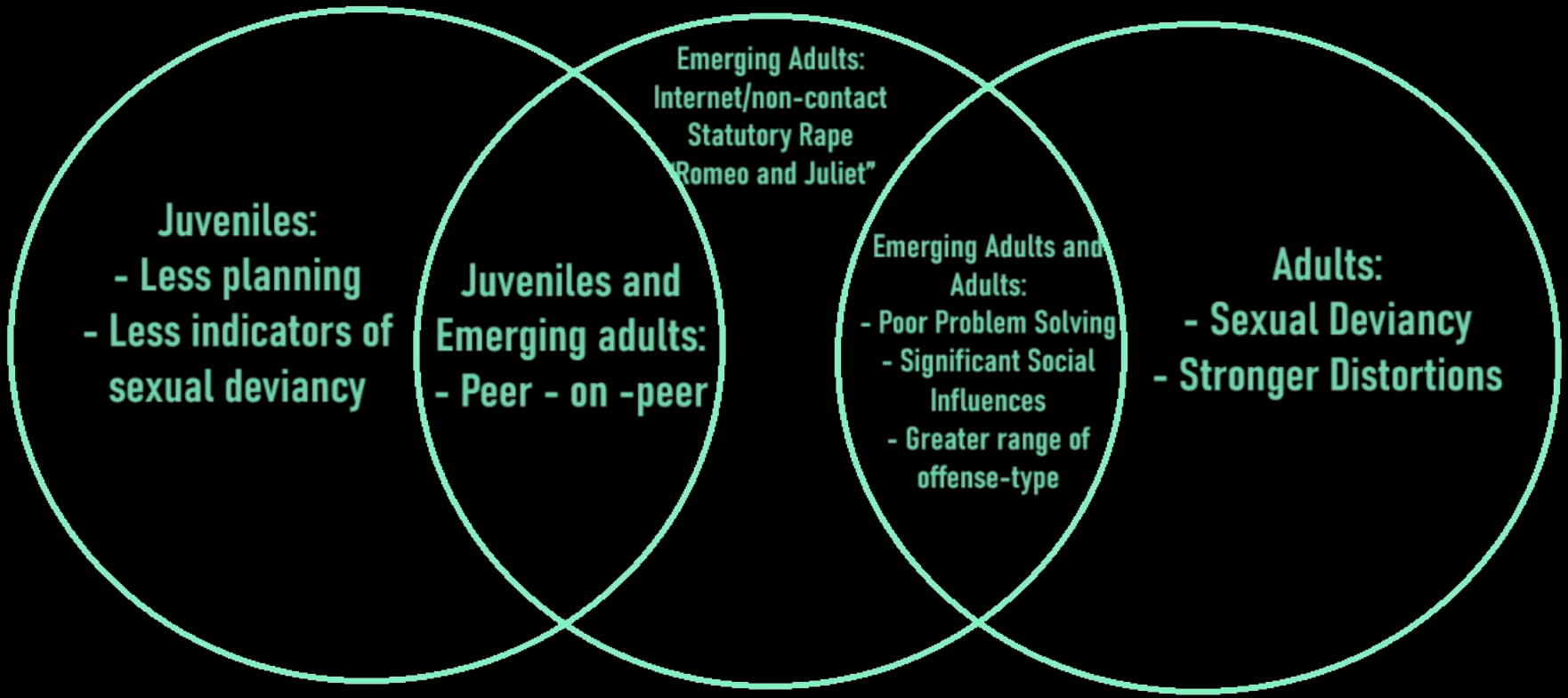
What & How?

What We Know
(and what we don’t)

What we DO know

- Based upon available research within the juvenile and adult populations
  - Variability IS found:
    - Juvenile research
      - 16-18 year olds vs. 15 and younger
    - Adult research
      - 18-25 year olds vs. 26 and older
- Juvenile offending does NOT mean adult offending
  - Adult offending does NOT mean juvenile offending
    - **This is often overlooked...why?**
- Impact on brain development
  - Brain not fully developed until mid-20s
    - Commonly 25
  - Role of frontal lobe (prefrontal cortex)
    - Responsible for decision making

What We DO Know (cont.)



What We DO Know (cont.)

- What might this mean?
  - CAN conclude these transitory ages represent a diverse group in terms of:
    - Offenses, psychosexual functioning, risk factors, treatment needs, recidivism risk
- Important Considerations
  - One does not magically turn into an adult at midnight on their 18th birthday
    - This isn't Cinderella...
- "Get Tough" policies have shown to be ineffective at reducing recidivism and increasing public safety
  - Juveniles? Adults? Emerging Adults?

What do YOU know about these three letters?

RNR

Three Letters, One Big Impact

- Risk, Needs, Responsivity
  - Evidence-based Model/Framework
  - Applied to adult men and women within the criminal justice system
  - General criminality (including Domestic Violence)
- Determine which factors are most salient for intervening:
  - For the right person
  - At the right time
  - With the right treatment

“Risk”

- Match the level of intervention to the risk for criminal activity
  - Sentence, treatment, supervision
- Prioritizing services for “moderate” and “high” risk offenders can lead to reduction in recidivism for offending population
- Over prioritizing services for “low” risk offenders can have the OPPOSITE effect
  - May become more risky
  - Ineffective use of resources

“Need”

- Recidivism risk is most likely to be reduced when interventions focus on related needs
  - Criminogenic
  - Risk-relevant
- The more individual needs are addressed in treatment, the greater mitigation of risk

Five-Level Risk and Needs System

- ➔ Created as a result of interest in standardizing how correctional systems assess and respond (treat) individual risk factors.
  - ◆ Address inconsistencies in treatment
  - ◆ Create common language in already existing assessment and treatment
- ➔ Began within correctional settings
  - ◆ Beginning to examine how it might translate into other areas
    - Community settings

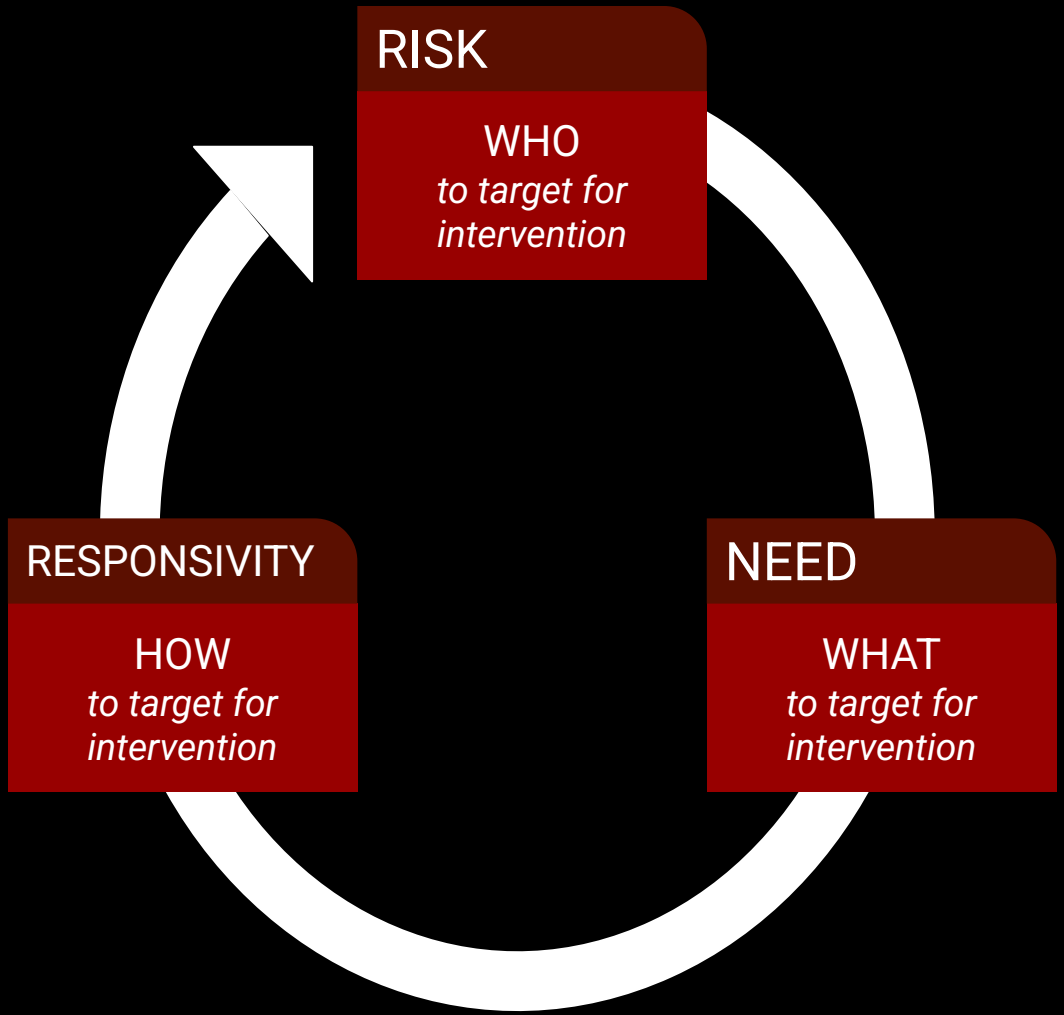
Table 1: Five-Level Risk and Needs System

LEVEL	CRIMINOGENIC NEEDS	PROFILE AND 2-YEAR RECIDIVISM RATE WITHOUT INTERVENTION	SUPERVISION DOSE	CORRECTIONAL TREATMENT DOSE	TREATMENT EFFECT	PROGNOSIS FOLLOWING INTERVENTION
I	None or few – if any, mild and/or transitory	Non-offending profile: similar to people with no criminal record Average = 3% Range = less than 5%	Minimal or no monitoring	None – if needed, refer to community services	Risk so low that it will not be reduced further	Excellent, will stay in Level I
II	A few – some mild and transitory, or possibly acute	Vulnerable prosocial profile: higher risk than non-offending profile but lower than average Average = 19% Range = 5%–29%	Some – monitor for compliance, provide some change-focused interventions	Minimal – if any, very short term, refer to community services if needed	Risk so low that intervention can only have a minor impact	Very good, most move from Level II to I

III	Multiple – some severe	Average offending profile: the middle of the risk and needs distribution Average = 40% Range = 30%–49%	Considerable – monitor for compliance and provide change-focused interventions	Significant – 100–200 hours	Intervention impact is significant and can meaningfully reduce reoffending	Good, many will move from Level III to II
IV	Multiple – some chronic and severe	Persistent offending profile: chronic and lengthy involvement in crime Average = 65% Range = 50%–84%	Intensive – monitor for safety and compliance, provide change-focused interventions	Very significant – 200–300 hours	Intervention impact can be significant but reduction will not quickly result in the lowest levels of risk	Improvement, some will move from Level IV to III, and as low as II after a significant period of time (i.e., 10+ years)
V	Multiple – chronic, severe, and entrenched, likely across psychological, interpersonal, and lifestyle domains	Entrenched criminal profile: virtually certain to reoffend Average = 90% Range = 85% or higher	Very intensive – monitor for safety and compliance, provide long-term and intensive change-focused interventions	Extensive – well over 300 hours, provided over years	Intervention can have an impact but initial risk so high that emphasis is on treatment readiness and behavioral management	Initial risk so high that reoffending will still be above average, some will move to Level IV or III, possibly as low as II in advanced age

“Responsivity”

- ➔ The delivery of the treatment should match the individual receiving the treatment
- ➔ Awareness of, and tailoring treatment to, individual needs
  - ◆ Learning style
  - ◆ Mental health concerns
  - ◆ Motivation level
    - Extrinsic vs. Intrinsic
  - ◆ Social Skills


RISK
WHO
to target for intervention
NEED
WHAT
to target for intervention
RESPONSIVITY
HOW
to target for intervention

Let's Assess

(but in a high level type of way)

The "R" in RNR

Risk Assessment

- What risk assessment IS:
  - Predictive
  - An evaluation of risk of a future event
    - General criminal behavior, recidivism, DV specific behavior, etc.
  - Prognostic

- What risk assessment IS NOT:
  - Definitive
    - Not the “end all, be all”
  - Diagnostic

Risk Assessment

- Why should we care about assessment/classification?
  - Help determine which pathway to take
  - Reduce bias
  - Maximizes treatment effectiveness
  - Utilize resources in the most effective manner
  - Enhance public safety

Risk Assessment

- What kind of assessments are out there?
  - Clinical
  - Structured Professional Judgement
  - **Actuarial**

Assessment Measures

JUVENILE

- JSOAP-II
  - Risk Factor Identification
  - Clinically Guided
- JSORATT-II
  - Static Risk
- PROFESOR
  - Intervention Planning
  - Structured Checklist
- YNPS
  - Risk-relevant intervention needs
  - Progress tracking

VS.

ADULT

- STATIC-99R
  - Static Risk
- STABLE-2007
  - Dynamic Risk
- VASOR-2
  - Static Risk
- ACUTE-2007
  - Dynamic Risk
- SOTIPS
  - Dynamic Risk
- CPORT
  - Static Risk
  - CSEM - specific
- SAPROF-SO
  - Protective Factors
  - Structured Risk Assessment

STOP!
What did you notice about the prior slide?

Let’s Keep Going

- ➔ Why do you think there is such a discrepancy?
- ➔ Why might this be problematic?

Juvenile Assessment

J-SOAP-II (Clinically Guided)

- Identifying risk factors associated with sexual and criminal offending
  - For use as part of a comprehensive assessment/evaluation
    - Not recommended for use in isolation for determination of risk
      - Predictive validity studies still being conducted
- 12-18 years old
  - **offense occurred prior to the age of 18**

JSORRAT-II

- Examines static risk
  - 6 items sexual offending - related
  - 6 items non-sexual offending - related
- Actuarial tool to assess risk of juvenile sexual recidivism
- 12 - 18 years old at the time of the index sexual offense

****Impact of juvenile criminal behavior trajectory on "determining" recidivism risk****

Protective and Risk Observations for Eliminating Sexual Offense Recidivism

— — —

PROFESOR

- ➔ Structured Checklist
  - ◆ Identify, comprehend, and communicate
    - Risk and Protective Factors
      - 20 items
    - 12-25
- ➔ Intervention Planning
  - ◆ Does NOT predict risk
  - ◆ “Bridging Tool”
    - A guiding document to “bridge the gap” between juvenile and adult

Youth Needs and Progress Scale

YNPS

- 22 item rating scale
- Determine
  - Risk relevant treatment needs
    - Track progress
- Appropriate for ages 12-25
  - “Any underage sexual activity which could be charged”
- Sexual and non-sexual factors
  - Non-sexual recidivism higher than sexual recidivism

Adult Assessment

Static-99R

- Static risk
- For use with adult males (18+) who have been charged or convicted of a sexual offense*
  - Prostitution, pimping, sex in public places with consenting adults, statutory rape, CSEM
- Not recommended for:
  - Females
  - Internet-only offenses
  - “Young offenders”
    - Under the age of 18 at the time of release

There is ALWAYS an exception

- ➔ The ONLY time when used with juveniles and WITH CAUTION:
  - 1. Released from the most current offense at age 18 or older
  - 2. Was 17 years old at the time of the offense
  - 3. AND the offense “appears similar in nature to typical sex offenses committed by adult offenders.”
- ➔ What’s interesting...
  - While it can be used with much of the emerging adult population, two of the items are potentially problematic
    - 1. Age
    - 2. Lived with a lover (for 2+ years)
  - WHY?

Because of what we already talked about!

- ➔ These two items are DIRECTLY characteristic of the emerging adult population
  - ◆ Resulting risk estimates may be inflated...

Adult Assessment (cont.)

Vermont Assessment of Sex Offender Risk - 2 (VASOR-2)

- Static Risk
- For use with adult males who have been convicted of a qualifying offense
- Reoffense Risk Scale
  - 12 items
  - Risk for sexual and violent recidivism
- Severity Factors Checklist
  - 4 items
  - Describe the severity of the sexual offense(s)

Adult Assessment (cont.)

The Sex Offender Treatment Intervention and Progress Scale (SOTIPS)

- ➔ Dynamic risk
- ➔ Assess risk, treatment, supervision needs, and progress
  - ◆ Adult males convicted of a sexual offense
- ➔ Can be used with trained mental health providers and community supervision officers

Stable - 2007

- ➔ Dynamic risk
- ➔ Adult, male, convicted of sexual offense
  - ◆ Child, non-consenting adult, CSEM

Adult Assessment (cont.)

Structured Assessment of Protective Factors Against Sexual Offending (SAPROF-SO)

- ➔ Structured Risk Assessment Guideline
  - ◆ Protective factors
    - Presence of factors correlate to mitigation of risk

Child Pornography Offender Risk Tool (CPORT)

- ➔ Risk Assessment Tool
  - ◆ Predict *any* sexual recidivism for adult males who have a conviction for CSEM
    - CSEM, non-contact or hands-on offense
    - Five-year fixed follow-up

Assessment - Static

Static Risk:

- ➔ Factors which are historical or only change in one direction
- ➔ Contribute to the “likelihood” of future offending behavior

Juvenile

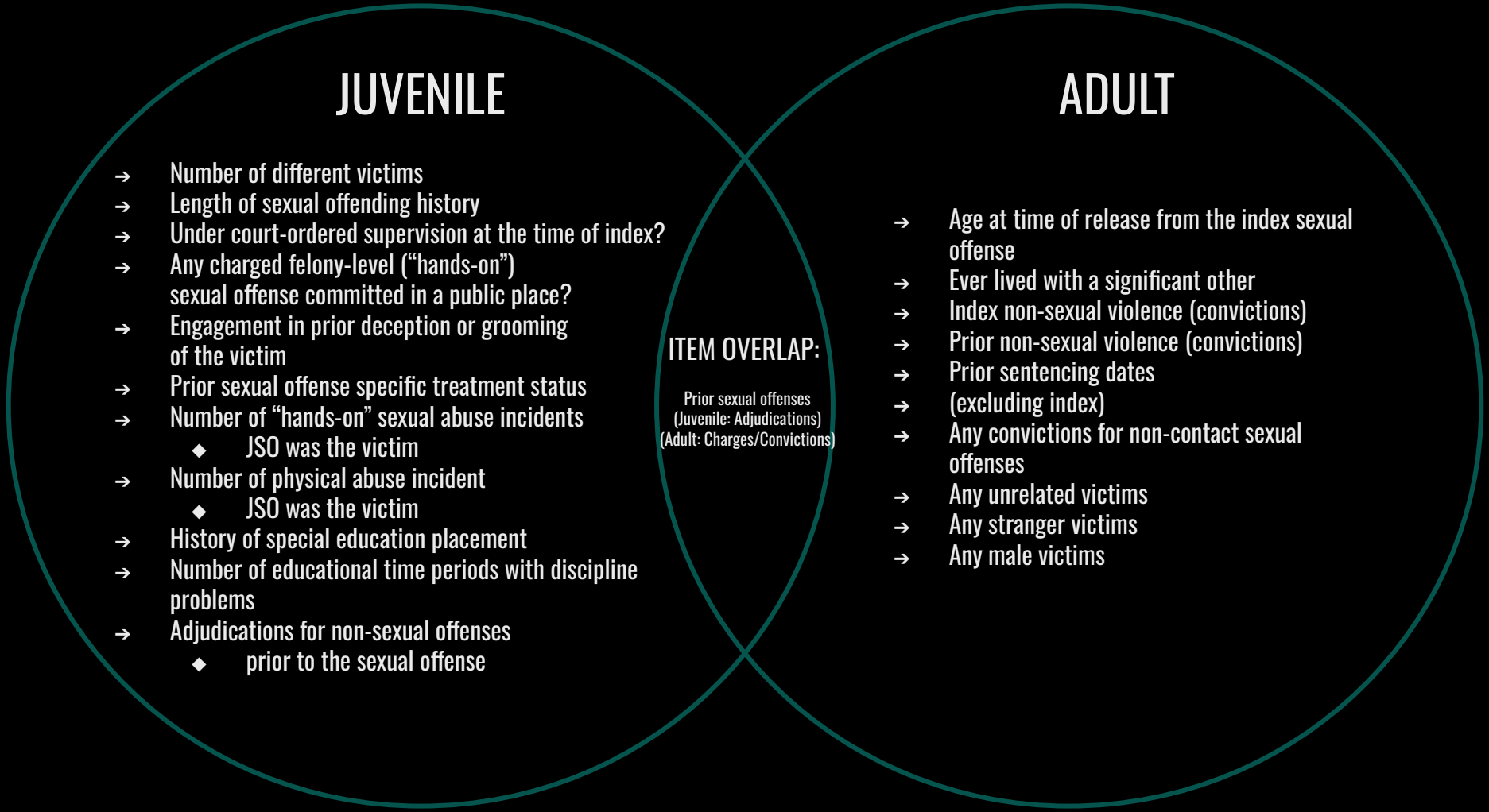
- ➔ Number of different victims
- ➔ Length of sexual offending history
- ➔ Under court-ordered supervision at the time of index?
- ➔ Any charged felony-level (“hands-on”) sexual offense committed in a public place?
- ➔ Engagement in prior deception or grooming of the victim
- ➔ Prior sexual offense specific treatment status
- ➔ Number of “hands-on” sexual abuse incidents
  - ◆ JSO was the victim
- ➔ Number of physical abuse incident
  - ◆ JSO was the victim
- ➔ History of special education placement
- ➔ Number of educational time periods with discipline problems
- ➔ Adjudications for non-sexual offenses
  - ◆ prior to the sexual offense

Adult

- ➔ Age at time of release from the index sexual offense
- ➔ Ever lived with a significant other
- ➔ Index non-sexual violence (convictions)
- ➔ Prior non-sexual violence (convictions)
- ➔ Prior sentencing dates
- ➔ (excluding index)
- ➔ Any convictions for non-contact sexual offenses
- ➔ Any unrelated victims
- ➔ Any stranger victims
- ➔ Any male victims

Static Overlap

- Prior sexual offenses
  - Juvenile
    - Adjudications
  - Adult
    - Charges/convictions


JUVENILE
Number of different victims
Length of sexual offending history
Under court-ordered supervision at the time of index?
Any charged felony-level (“hands-on”) sexual offense committed in a public place?
Engagement in prior deception or grooming of the victim
Prior sexual offense specific treatment status
Number of “hands-on” sexual abuse incidents
JSO was the victim
Number of physical abuse incident
JSO was the victim
History of special education placement
Number of educational time periods with discipline problems
Adjudications for non-sexual offenses
prior to the sexual offense
ITEM OVERLAP:
Prior sexual offenses (Juvenile: Adjudications) (Adult: Charges/Convictions)
ADULT
Age at time of release from the index sexual offense
Ever lived with a significant other
Index non-sexual violence (convictions)
Prior non-sexual violence (convictions)
Prior sentencing dates
(excluding index)
Any convictions for non-contact sexual offenses
Any unrelated victims
Any stranger victims
Any male victims

Assessment - Dynamic

Dynamic Risk:

- ➔ “Changeable” areas which impact a decision to offend
- ➔ Stability in these areas are associated with a decrease in recidivism

ITEM OVERLAP

- ➔ Quality of relationships
- ➔ Social Support
- ➔ Pro-Offending Attitudes/Beliefs
- ➔ Self-Regulation Difficulties
- ➔ Cooperation/Management Skills

Yet Again, What does this ALL MEAN?

- ➔ Risk assessment with the emerging adult population are potentially providing an inaccurate picture.
  - ◆ However, understandable...
    - The “need” to designate, assign, label, treat, etc. is very strong within the criminal justice system
- ➔ So what can be done?
  - ◆ REALLY examine dynamic risk factors
  - ◆ EXPLAIN the nuance of the emerging adult population in the recommendation
  - ◆ Reference specific and relevant items from juvenile assessment measures
- ➔ Remember, emerging adults are NOT strictly juveniles OR adults
  - ◆ They present with a mix of factors
  - ◆ Research increasingly concluding adults and adolescents who commit sex offences are meaningfully different

Treatment Interventions
“NR”

What does treatment mean with the sex offense population?

What does “successful” treatment mean?
Prison vs. Community?
Emerging Adults?

No Recidivism

Understanding of Self as a WHOLE

Productive Member of Society

Internal Motivation for Change

“Successful”

What does this mean for treatment?

Public Perception

Strong Self Image

Empathy

Human

What IS recidivism?
Evaluation vs. Treatment vs. Supervision vs. Emerging Adults

More Treatment Intervention Questions

Food for thought...

- ➔ Why would someone successfully completing treatment be important information to know?
- ➔ What might it mean if someone did not successfully complete treatment?
- ➔ Who do you think you would say needs **more** treatment, someone who is older and who has been offending longer undetected by authorities or someone who is younger and their first offense is pretty egregious by most standards?

More on Treatment Interventions

- ➔ Juveniles are no longer considered “mini adults” and the emerging adult has its own uniqueness to consider
- ➔ Can we standardize treatment across jurisdictions?
  - ◆ Unfortunately, no, there is no gold standard treatment program, per se.
  - ◆ Therapeutic alliance still greatly impactful and most fundamental component of successful treatment
  - ◆ Just because someone is engaging in sex offense specific treatment, does not mean they are addressing all of their lifestyle and life history factors that contribute directly or peripherally to their presenting problem
- ➔ Confounding variables impacting amenability to treatment
  - ◆ Mental health - Gender Dysphoria
  - ◆ Developmental/cognitive functioning
  - ◆ Trauma
  - ◆ Active/unresolved substance use issues (even in a controlled environment)

Risk Factors, where do they fit?

Juveniles:

- ➔ Personal history: Previous convictions for sex offenses, history of victimization, and antisocial behavior
- ➔ Social factors: Social isolation, negative peer influences, and relationship difficulties
- ➔ Mental health: Impulsivity, poor cognitive problem solving, and dysfunctional coping
- ➔ Treatment: Lack of treatment success and response to treatment
- ➔ Other factors: Deviant sexual interests, childhood abuse, and maladaptive personality traits

Adults:

- ➔ Antisocial attitudes
- ➔ Antisocial peers
- ➔ Antisocial personality pattern
- ➔ History of antisocial behavior
- ➔ Family and marital factors
- ➔ Lack of achievement in education or employment
- ➔ Lack of pro-social leisure activities
- ➔ Substance abuse

Risk Factors: Overlap

- ➔ Remember, quality of Relationships, social support, pro-offending attitudes and beliefs, self-regulation difficulties, and cooperation and management skills are the common threads between adults and juveniles.
  - ◆ Wait, so where do the emerging adults fit in when it comes to treatment interventions?
    - Don’t worry, we’re almost there...

Juvenile Vs. Adult Treatment in Utah

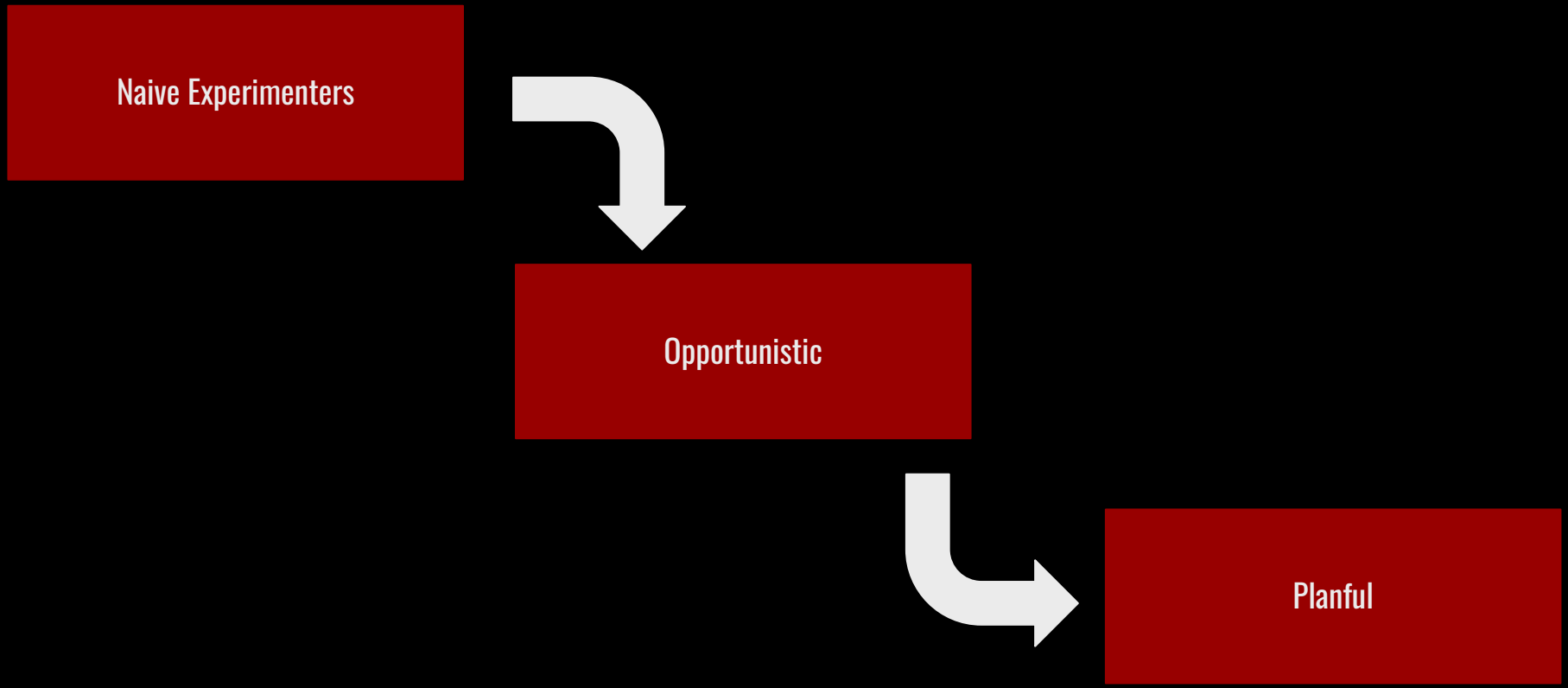
Juvenile

- Based largely in Good Lives Model (GLM)
- Multisystemic Therapy (MST)
- Creating buy-in
- Multilevel system for treatment intervention and potential out of home placement based on modus operandi/egregiousness of offenses
- Most youth are levels 1 and 2 and need psycho-education

Adult

- Based in Risk-Needs-Responsivity (RNR)
- Skills Development and Practice
- Accountability vs Responsibility
- Elements of GLM
- Relapse Prevention
- Protective Factors
- Challenging errored thinking
- Providing perspective on problematic or deeply entrenched behaviours.

What about Pennsylvania?



Developmental Manifestation of Problematic Sexual Behaviors

RNR Wrapped

- ➔ Risk Needs and Responsivity is a model or framework that can be applied to adult men and women within the criminal justice system for general criminality, including those with sex offense convictions.
- ➔ It helps us determine which factors are most salient for the individual in front of us so we intervene at the right time with the proper interventions
  - ◆ Low vs High risk - cross contamination?
    - Treat together?
    - Does age matter?
    - Cognitive functioning?
    - Male vs Female vs Transgender?
  - ◆ Treatment while incarcerated vs in the community - dosage?
  - ◆ Where do the emerging adults fit in this puzzle

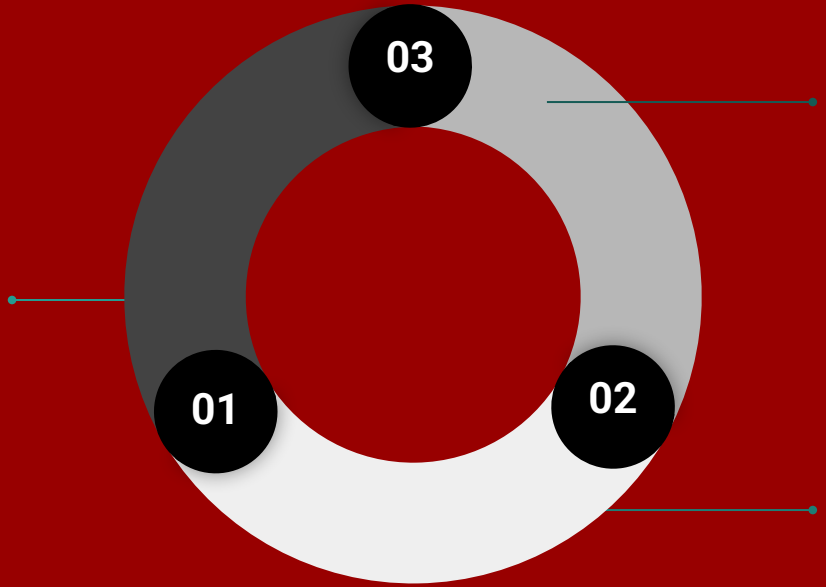
Developmental Stage Matters

- ➔ Ultimately, the question here is, what about the individual's developmental stage?
  - ◆ Great question!
  - ◆ What the Utah Department of Corrections was moving toward
    - Diversifying caseloads to address unique population characteristics
    - Increased training to ensure well rounded perspectives
    - Fine tuning risk instrument scoring to account for developmental underpinnings and mitigating factors
- ➔ What do we know about behavioral control and younger individuals?
  - ◆ Did you know that the first year post incarceration is the riskiest for an individual?
    - What if they are ALSO in this emerging adult range?
- ➔ What do we know about crime as we get older, regardless of the charge?

Effective Approach for Emerging Adults

Developmental Stage

Evaluate cognitive functioning, social/adaptive functioning, family support, knowledge fund regarding interpersonal effectiveness, etc.



Treatment Needs

Using your assessment of their current functioning and risk for reoffending, what can you recommend or provide to fill in the gaps to help them be more effective thinkers and problem solvers?

Recidivism Risk

Be sure to utilize the appropriate sex offense specific risk tools available to you and include protective factors instruments to evaluate the whole person. Building on strengths and providing remediation for skills deficits.

Emerging Adults and Treatment/Supervision

- ➔ The most effective approach is considering developmental stages alongside risk and treatment needs.
- ➔ This may look like strongly aligning RNR with GLM, DBT (Dialectical Behavior Therapy), Parent Management Training and MST to intervene with emerging adults.
  - ◆ Emphasizing Effective relationship building with **clear boundaries** vs **codependency** (interpersonal effectiveness)
  - ◆ Emphasizing realistic goals and barriers to those goals to problem solve ways in which to achieve them
  - ◆ Emphasizing the importance of positive social support - quality over quantity (five people)
  - ◆ Managing Expectations about their prospective futures and how they can still engage in a fulfilling life - even drilling down to what is “healthy” or “appropriate” pronography use vs problematic (Hentai or Vor porn versus consensual peer sexual contact) - ***context is super important! Curiosity versus specific interest...***
  - ◆ Understanding and drilling down their media consumption from video games, to AI, to VR, etc, given the immense impact on social attachments, roles and expectations - complex

Ethical & Legal Implications

- Under vs Over pathologizing
- How do you create buy-in and motivation for change with enmeshed family dynamics
- Legislative policy and funding
- Public Messaging and what does this mean for families and victims
- Under vs Over treating
- Under vs Over Supervising
- Clinicians and Agents need to have good ego strength, confidence and competence in forensic work to simultaneously confront someone while maintaining warmth
- Acknowledge what you don't know and take steps to learn
- Intergenerational impact of treatment - current emerging adults might be becoming parents as well
  - how will treatment affect their perspective on parenting?
- Intergenerational trauma (parent may be triggered by a benign behavior because of their own experiences)

What about Bias??
Clinicians vs. Supervision Agents

What Biases do you have/confront?

Bringing it home! Further Considerations...

- ➔ It's not only about WHERE Emerging Adults are placed (juvenile vs. adult), but WHAT happens and HOW they are treated in their environment
- ➔ We NEED to have a "seamless transition" to whatever the next step for each individual is:
  - ◆ Juvenile system to adult system
  - ◆ Juvenile system to community
  - ◆ Community to adult system
  - ◆ Community to community
- ➔ What about those who DO continue offending?
  - ◆ Go from juvenile to adult sexual offending?
    - Do they represent yet another "type" of sexual offender?
    - Is it related to the services provided as a juvenile?
- ➔ Anyone want to volunteer to run some research?
  - ◆ You can coin a new subpopulation

Case Example

Mr. Doe

- 20 years old
- Haitian
- Male

- Adopted by Caucasian Family at age 11
  - Moved to United States at age 13
- Religious Family
- One of nine siblings
  - Most adopted
- English is third language
  - French
  - Haitian Creole
- College Student
  - Business Administration
- Loves Basketball

Mr. Doe (cont.)

Index Offense

- 1st Degree Felony Rape
  - Caucasian girlfriend
    - Mutually consented to sexual intercourse
    - During intercourse, Mr. Doe “did not wear a condom or took it off”
  - Victim:
    - Reported she wanted him to stop
  - Mr. Doe
    - Thought she said “don’t stop”
- Plea in abeyance
  - In order to remove the charge completely from his record
- No prior criminal history

Mr. Doe (cont.)

Static 99-R
3
(Age, Unrelated Victim,
Lived with a Significant Other)

STABLE-2007
9
(Highest Domain:
Capacity for Relationship
Stability)

SAPROF-SO
Protective Factors:
Adaptive Schemas
Attitude Towards Rules
and Regulations
Prosocial Sexual Identity
Work

YNPS
Total Needs Score: 13
41%: Possible or limited
interventions
9% (Two items): Moderate
Intervention
(Relationship With Peers
& Social Skills)

AASI-3
Social Desirability: 95%
Cog. Dis.: Low
Sexual Interest: Normative
**Different from
self-reported sexual
interest**

PROFESOR
Category One
Predominantly Protective

What treatment recommendations would you have?

Mr. Doe (cont.)

Recommendations

- **Individual** Sexual Offense Treatment
  - 100 Dosage hours (or less)
  - Decrease from Average to Below Average risk
    - Protective Factors
- Treatment Modalities
  - GLM
  - DBT
- Psychoeducational Classes
  - Relationship/Communication Skills
  - Healthy Sexuality
  - Social Skills
  - Emotional Intelligence
- Family (Parental) Involvement

Treatment

Topics of Discussion During Treatment

- sympathetic versus parasympathetic (fear responses),
- emotional safety vs. environmental safety
- hypervigilance and trauma from youth shaping identity in adulthood
  - identifying schemas that served as a protector
- communication skills
- maladaptive beliefs steering his communication skills
  - utilizing DND (do not disturb)
- interpreting another's communication patterns as irritating/aimless
- discomfort from another's attempts at closeness
- guilt and shame
- preferred relationship qualities in friends and partners

What would you recommend for supervision?

Treatment

Progress

- Reduced isolation
  - Re-evaluated social supports and friend groups who perpetuated significant cognitive distortions about females
- Identified unique coping skills
- Motivated to succeed
- Better identify his needs
- Opened up about the offense
  - noted feelings of guilt and regret
- Worked to identify emotions
- Contemplated and acknowledged how this experience has affected him and the victim
  - Discussions around his childhood experiences of abandonment and familial trauma
  - Identified perspectives in his youth [adults are not reliable, I must save myself, the world is unfair and uncaring] and how they have rippled into his adulthood

Questions?

Candice Waltrip, PsyD
Licensed Psychologist: Infinity Psychological Services
Member: ATSA Board of Directors
801-613-1048
psyd@infinitypsychology.com

Michele Leslie, PsyD
Director: Sex Offense Management Advisory Committee (SOMAC)
Director: Domestic Violence Offender Treatment Board (DVOT)
Utah Department of Criminal Justice (DOCJ)
mleslie@utah.gov