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## YOUTH WHO SEXUALLY OFFEND: THEORETICAL ISSUES

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### Characteristics of Youth Who Sexually Offend

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**SUMMARY.** Sexual abuse by juveniles is widely recognized as a significant problem. As communities have become more aware of juvenile sex offending they have responded with increasingly severe responses. This is despite recidivism data suggesting that a relatively small group of juveniles commit repeat sexual offenses after there has been an official response to their sexual offending. Research has shown that juveniles who commit sexual offenses are a heterogeneous mix, varying according to a wide range of variables. This article provides an overview of the characteristics of youths who have committed sex offenses. Factors that

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will be discussed include types of offending behaviors, family environment, histories of child maltreatment, social skills and interpersonal relationships, sexual knowledge and experiences, academic and cognitive functioning, and mental health. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <http://www.HaworthPress.com> © 2004 by The Haworth Press, Inc. All rights reserved.]*

**KEYWORDS.** Juvenile sex offending, juvenile sex offenders, characteristics, juveniles, sexual abuse

Sexual abuse by juveniles is widely recognized as a significant problem. Federal Bureau of Investigation Uniform Crime data (2001) indicate that in 2000, 16% of arrests for forcible rape and 19% of arrests for all other sex offenses involved youths under 18 years old. Juveniles who commit sex offenses have abused significant numbers of people (Araji, 1997; Weinrott, 1996).

Official records such as arrest records underestimate the scope of the problem, because juvenile sex offenders who become known to the system may represent only a subset of juveniles who have committed such offenses. For example, Knight and Prentky (1993) found that only 37% of the adult sex offenders in their sample had official records documenting juvenile sex offending histories. In contrast, when these subjects completed a computer-generated questionnaire, and were assured that their responses would remain confidential, 55% acknowledged engaging in sexually abusive behavior as juveniles.

Juvenile sex offending involves a wide range of sexual misconduct including non-contact sexual behaviors (such as exhibitionism and voyeurism) and penetrative acts. Research has shown that the sexual behavior problems exhibited by these juveniles are "not simply isolated incidents involving normally developing adolescents" (Fehrenbach, Smith, Monastersky, & Deisher, 1986, p. 231).

As communities have become more aware of juvenile sex offending, they have responded with legislation for stiffer sentences, sex offender registration, community notification, and even sexual predator laws concerning juvenile offenders (Zimring, in press). These severe responses are in spite of recidivism data suggesting that a relatively small group of juveniles commit repeat sexual offenses after there has been an official response to their sexual offending, and

that most of those who recidivate appear to do so with nonsexual crimes (Righthand & Welch, 2001).

The costs of sex offending are substantial for victims and society as well as for youths who offend and their families. In addition to the human costs in terms of emotional and physical anguish and suffering, staggering financial costs are incurred as a result of child welfare and criminal justice system involvement, therapeutic intervention, and so forth (Prentky & Burgess, 1990). To minimize these costs, timely and appropriate interventions are needed.

Historically, approaches and interventions with youths who commit sexual offenses have been based upon those utilized with adult offenders, often without sufficient consideration of relevant developmental issues and needs. There are important differences between juvenile and adult sex offenders (Association for the Treatment of Sexual Abusers, 1997; Becker, 1998; Bonner, 1997). Yet, only recently have a growing number of professionals pointed to the research literature to emphasize that the notion of "once a sex offender, always a sex offender" has not been empirically supported, particularly when it comes to juveniles.

In fact, the appropriateness and ethics of the term "juvenile sex offender" have been called into question (Bonner, 1997). Language describing these young people as children or teenagers who have been sexually abusive (rather than as juvenile sex offenders) holds them accountable for their behavior yet does not suggest that they are and always will be disreputable sex offenders. Because most papers and studies in the literature have used the term "juvenile sex offenders," this term will be used, at times, in this article. However, language that emphasizes behavior rather than the person may help avoid self-fulfilling prophecies that can contribute to offending behavior by promoting the belief that a person can never be more than his or her past. When the past includes sex offending, this can be a hopeless and esteem-deflating perspective.

Juveniles who have committed sex offenses are a heterogeneous mix (Bourke & Donohue, 1996; Knight & Prentky, 1993). They vary according to victim and offense characteristics. They also differ on a wide range of other variables, including types of offending behaviors, family environment, histories of child maltreatment, social skills and interpersonal relationships, sexual knowledge and experiences, academic and cognitive functioning, and mental health (Knight & Prentky, 1993; Weinrott, 1996).

In spite of the apparent heterogeneity of juveniles who sexually offend, findings from the few existing studies that compared juveniles who committed sex offenses with those who committed other types of offenses frequently have not revealed significant differences between samples (Becker & Hunter,

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1997). This finding suggests that a substantial number of youths who commit sex offenses do not differ significantly from other juvenile offenders, although subgroups may differ.

### OFFENDING BEHAVIORS

*Sexually abusive behaviors and offense characteristics.* The sexually abusive behavior these youths engage in range from non-contact offenses to penetrative acts. Studies have found that more than half of the abusive acts may involve oral-genital contact or attempted or actual vaginal or anal penetration (Righthand, Hennings, & Wigley, 1989; Righthand, Welch, Carpenter, Young, & Scoular, 2001). Other offense characteristics are presented in Table 1.

*Nonsexual criminal behavior.* Juvenile sex offenders frequently engage in nonsexual criminal and antisocial behavior (Fehrenbach et al., 1986; Righthand et al., 2001; Ryan, Miyoshi, Metzner, Krugman, & Fryer, 1996). Such behavior may in fact be quite typical of these youths, suggesting that sexual offending may be one facet of an overall pattern of delinquent behavior. In spite of many similarities between youths who commit sex offenses and those who commit other types of offenses, some unique characteristics have been reported. These have included an overall negative attitude regarding most types of delinquent behavior and a disengagement from family interactions (Miner & Crimmins, 1995), as well as increased rates of child sexual abuse victimization, major mental health difficulties, sexual identity problems, and fewer appropriate peer relationships (Milloy, 1994). Milloy also found that compared to youths who committed other types of offenses, those who sexually offended tended to have more adequate academic performance, fewer prior offenses and convictions, and less substance abuse. Findings from the 3-year follow-up period indicated that none of the sex offenders were convicted of a new sex offense and their overall recidivism rate was lower than that of other offenders. In addition, when the youths who had sexually offended did reoffend, their crimes tended to be nonsexual and nonviolent (Milloy, 1994). Milloy concluded, "These findings suggest that when a longitudinal perspective is used, sex offending among juveniles appears to be but one piece of a pattern of generalized delinquency" (p. 9) (for further comparison between the profiles of juvenile sex offenders and juvenile nonsexual offenders, see Zankman & Bonomo, this issue).

TABLE 1. Sex Offense Characteristics

Domain	Characteristics
Victim Characteristics	Female children targeted most frequently <sup>a,c,d,f,g,h,i,j</sup> Male victims represent up to 25% of some samples <sup>d,j,k</sup>
Relationship Characteristics	Victims are more often substantially younger than the offender, rather than peer age <sup>b,c,d,f,g,h,i,j,k</sup> Victims are usually relatives or acquaintances; rarely are they strangers <sup>b,p,q,r,s</sup> Babysitting frequently provides the opportunity to offend <sup>c,l</sup>
Use of Aggression	Although less physically violent than adults, compliance may be secured via intimidation, threats of violence, physical force, or extreme violence <sup>b,o</sup> Approximately 40% of the youths from a sample of 91 displayed expressive aggression in their sex offense(s) <sup>f</sup> Youths who victimized peers or adults tended to use more force, vs. those who victimized younger children <sup>o</sup>
Triggers	Some of the "triggers" that have been described as related to sex offending include anger, boredom, and family problems

Note. <sup>a</sup>Becker, 1998; <sup>b</sup>Davis & Leitenberg, 1987; <sup>c</sup>Fehrenbach, Smith, Monastersky, & Deisher, 1986; <sup>d</sup>Hunter & Figueredo, 1999; <sup>e</sup>Knight & Prentky, 1993; <sup>f</sup>Miner, Siekert, & Ackland, 1997; <sup>g</sup>Rasmussen, 1999; <sup>h</sup>Righthand, Hennings, & Wigley, 1989; <sup>i</sup>Ryan, Miyoshi, Metzner, Krugman, & Fryer, 1996; <sup>j</sup>Smith & Monastersky, 1986; <sup>k</sup>Wieckowski, Hartsoe, Mayer, & Shortz, 1998.

### CHILD MALTREATMENT HISTORIES

Childhood experiences of sexual abuse have been associated with juvenile sex offending (Burton, 2000; Fehrenbach et al., 1986; Kahn & Chambers, 1991; Kobayashi, Sales, Becker, Figueredo, & Kaplan, 1995). Rates of juvenile sex offenders who have experienced sexual abuse as children reportedly range from 40 to 80% (Becker & Hunter, 1997). Yet, such abusive experiences have not consistently been found to differ significantly from those of other juvenile offenders (e.g., Spaccarelli, Bowden, Coatsworth, & Kim, 1997) and have been associated with other forms of offending (Smith & Monastersky, 1986).

Not surprisingly, childhood experiences of being physically abused, being neglected, and witnessing family violence have been independently associated with sexual violence in juvenile offenders (Kobayashi et al., 1995; Right-

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hand et al., 2001; Ryan et al., 1996). Proportions of juvenile sex offenders who have experienced physical abuse as children reportedly range from 25 to 50% (Becker & Hunter, 1997). A study comparing juvenile sex offenders with juveniles who have committed nonsexual offenses found that the sex offenders had higher rates of childhood physical abuse (Ford & Linney, 1995). When juvenile sex offenders were compared only with juveniles who had committed nonsexual violent offenses, however, this result was not replicated (Lewis, Shanok, & Pincus as cited in Knight & Prentky, 1993). This latter finding suggests that a history of physical abuse is correlated with some type of violent behavior but not necessarily with sexually violent behavior.

The role of child maltreatment in the etiology of sex offending appears to be quite complex (Prentky, Harris, Frizzell, & Righthand, 2000). For example, Hunter and Figueredo (as cited in Becker & Hunter, 1997) found that compared to other youths, those who sexually offended were younger at the time of victimization, had higher rates of abusive incidents, longer periods between abuse and disclosure, and a lower level of perceived family support following the disclosure of the abuse. Similarly, Burton, Miller, and Shill (2002) found that compared to juveniles who committed other offenses, those that sexually offended had closer relationships with their perpetrators, were more likely to have a male perpetrator, had longer durations of victimization, and experienced more force and penetration. Other studies have found that more serious childhood experiences of sexual abuse (e.g., penetration) were associated with persisting sexual offending from childhood into adolescence (Burton, 2000) and greater numbers of sex offense victims (Righthand, Knight, & Prentky, 2002).

Similarly, Cooper, Murphy, and Haynes (1996) compared juvenile sex offenders who had been sexually or physically abused with those who had not. They found that the abused juveniles began their sex offending 1.6 years earlier than the non-abused group, had twice the number of victims, were more likely to have both female and male victims, and were less likely to limit their offending to family members. The finding that offenders with histories of maltreatment often begin offending at earlier ages than offenders who were not maltreated is consistent with other research (Knight & Prentky, 1993; for further discussion on the role of abuse in the etiology of juvenile sexual offending, see Knight & Sims-Knight, this issue).

### FAMILY FACTORS

Studies vary in regards to the number of youths whose families experience significant difficulties such as separations, significant stress, or family dys-

function, with residential samples reflecting higher rates of difficulties. Factors such as family instability, substance abuse, psychopathology, criminality, and violence have been found to be prevalent in some samples (Bagley & Shewchuk-Dann, 1991; Miner, Siekert, & Ackland, 1997; Morenz & Becker, 1995). Studies vary as to the percentages of these juveniles who are from intact families (Fehrenbach et al., 1986; Kahn & Chambers, 1991). However, even when families are intact, some parents have been described as disengaged and physically and/or emotionally inaccessible and distant from their children (Miner & Crimmins, 1995; Smith & Israel, 1987).

In addition, Kimball and Guarino-Ghezzi (1996) have found high rates of ongoing family conflict among juveniles who sexually abused younger children and little support for treatment among parents of those who sexually assaulted peers. Together, these various studies suggest that many youths who have sexually offended have been exposed to significant forms of psychopathology and family dysfunction and may have been cut off from possible sources of emotional support. As a consequence of such difficulties, these youths may experience ongoing stress and may be less able to form positive attachments and relationships (for discussion on attachment disorders, see Longo, this issue).

### **SOCIAL SKILLS AND RELATIONSHIPS**

Research repeatedly documents that juveniles with sexual behavior problems have significant deficits in social competence (Becker, 1990; Knight & Prentky, 1993). Inadequate social skills, shyness, poor peer relationships, and social isolation are some of the difficulties identified in these juveniles (Carpenter, Peed, & Eastman, 1995; Fehrenbach et al., 1986; Righthand et al., 2001). Miner and Crimmins (1995) found that juveniles who have sexually offended had fewer peer attachments and felt less positive attachments to their schools compared with other delinquent juveniles and non-delinquent juveniles. In fact, the authors stated that this and other research point to the primacy of isolation and poor social adjustment as distinguishing characteristics of adolescent sex offenders. This indicates that interventions that maximize the ability to build respectful, prosocial, interpersonal attachments potentially will reduce the propensity to engage in sexually abusive and aggressive behaviors.

### **SEXUAL KNOWLEDGE AND EXPERIENCES**

*Sexual histories and beliefs.* Research suggests that adolescents who commit sex offenses generally have had previous consenting sexual experiences

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(e.g., Ryan et al., 1996). Research also suggests that sometimes their experiences have exceeded the experience of control juveniles who have not committed sex offenses (McCord, McCord, & Venden as cited in Knight & Prentky, 1993). A study of 1,600 juvenile sex offenders described by 90 independent contributors from 30 states (Ryan et al., 1996) found that only about one-third of the juveniles perceived sex as a way to demonstrate love or caring for another person; others perceived sex as a way to feel power and control (23.5%), to dissipate anger (9.4%), or to hurt, degrade, or punish (8.4%).

*Pornography.* Investigations into the role of pornography in juvenile sex offending are limited in number. One study (Ford & Linney, 1995) found higher rates of exposure to hardcore, sexually explicit magazines among youths who sexually offended compared with youths who committed other offenses. The juvenile sex offenders also had been exposed at younger ages ranging from 5 to 8. Wieckowski, Hartsoe, Mayer, and Shortz (1998) also found that exposure to pornographic material at a young age was common among youths who sexually offended. Additionally, high rates of exposure to pornography have been found in girls who have committed sex offenses (Mathews, Hunter, & Vuz, 1997).

*Deviant sexual arousal.* Deviant sexual arousal is strongly associated with sexually coercive behavior in adults (e.g., Hanson & Bussière, 1998). Knight and Prentky (1993) found that adult sex offenders who began offending as juveniles did not differ from those who began as adults in terms of preoccupation with sexual fantasies, problems with sexuality, or sexually deviant conduct. Controlled studies of deviant sexual arousal in juvenile sex offenders are lacking in number, although some related research has been reported (e.g., Kahn & Chambers, 1991; Schram, Milloy, & Rowe, 1991; Worling & Curren, 2000). These studies found deviant sexual arousal was related to increased rates of sexual reoffending (for discussion of deviant sexual arousal as a factor in recidivism, see Efta-Breitbach & Freeman, this issue). The studies, however, relied on self-report and clinical judgments to determine the existence of deviant arousal, rather than on more objective means such as phallometric assessment.

In their review of the role of deviant sexual arousal in juvenile sex offending, Hunter and Becker (1994) noted the limited research in this area and encouraged further investigations. They stressed that deviant arousal may be more of a factor for sex offenders who target children (particularly those who target boys). They emphasized that the sexual interest and arousal patterns of juveniles are more changeable than those of adult sex offenders and cautioned against applying to juveniles what is known about deviant arousal in adults.



### ACADEMIC AND COGNITIVE FUNCTIONS

*Academic performance.* Studies typically report that as a group, juveniles who sexually offended experienced school and academic difficulties (Fehrenbach et al., 1986; Kahn & Chambers, 1991; Miner et al., 1997; Righthand et al., 2001). Reported difficulties include disruptive behavior, truancy, academic problems, learning disabilities, and placement in special classes. Academic functioning is not determined solely by intellectual or neurological functioning. Parental level of education and support, truancy, and other variables are important. Some juveniles who have sexually offended, however, do well in school. For example, O'Brien (as cited in Ferrara & McDonald, 1996) found that 32% of the offenders in his sample were described as above average in their academic performance.

*Intellectual and cognitive impairments.* Research that focuses on the intellectual and cognitive functioning of juveniles who have committed sex offenses is limited. Ferrara and McDonald (1996) noted that research on juvenile delinquents has demonstrated two areas of impairment: (a) difficulties with executive functions, such as planning, abstraction, inhibition of inappropriate impulses, and cognitive flexibility, and (b) difficulties with receptive and expressive language. As noted above, some juveniles who sexually offend do not differ from juveniles who commit other types of offenses. Similarly, some juvenile sex offenders experience cognitive deficits similar to those identified in other groups of juvenile offenders. Based on their review of the literature, Ferrara and McDonald concluded that between one-quarter and one-third of juvenile sex offenders might have some form of neurological impairment. They noted, "Furthermore, it is likely that the neurologically impaired juvenile sex offender who goes undetected will not attain the [optimal] benefit from treatment due to problems in concentration, comprehension, and memory" (p. 13).

*Cognitive distortions and attributions.* Knight and Prentky (1993) pointed out that some factors observed in abused children may have relevance for juvenile sex offenders who have been maltreated. For example, they noted that abused children exhibit less empathy than non-abused children, have trouble recognizing appropriate emotions in others, and have difficulty taking another person's perspective. This observation is consistent with research indicating that cognitive distortions, such as blaming the victim, were associated with increased rates of sexual offending among juveniles that committed sex offenses (Kahn & Chambers, 1991; Schram et al., 1991).

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**MENTAL HEALTH ISSUES**

*Symptoms and disorders.* Studies vary in regards to the number of youths that experience significant mental health difficulties, with residential samples evidencing higher rates. Conduct disorder diagnoses and antisocial behavior have frequently been observed in populations of juveniles who have sexually offended (Kavoussi, Kaplan, & Becker, 1988; Miner et al., 1997; Righthand et al., 2001). In addition, mental health difficulties as reflected in higher rates of depression and anxiety have been found to be greater than in comparison samples (Bagley & Shewchuk-Dann, 1991). Becker, Kaplan, Tenke, and Tartaglino (1991) also found that juveniles with histories of childhood physical abuse or sexual abuse had higher rates of depressive symptoms. They pointed out that their findings illustrate the importance of evaluating whether juvenile sex offenders are experiencing symptoms of depression, especially if they have been victimized themselves.

*Substance abuse.* Studies vary widely on the importance of substance abuse as a factor in sex offending. Lightfoot and Barbaree (1993) reported that rates at which juvenile sex offenders were found to be under the influence of drugs or alcohol at the time they committed their offenses ranged from 3.4 to 72%. Although substance abuse has been identified as a problem for many juveniles who have sexually offended (Kahn & Chambers, 1991; Miner et al., 1997), the role of substance abuse in sex offending remains unclear, and for some juveniles, substance abuse may not be related to sex offending. However, substance abuse can have a disinhibiting effect. Thus, problems such as poor impulse control, problem-solving difficulties, and poor social skills can be exacerbated by even small amounts of substance abuse, and consequently, may increase the risk of sex offending. Therefore, even infrequent users may benefit from substance abuse treatment efforts that are part of a comprehensive treatment program. More chronic users may require more intensive substance abuse treatment interventions, possibly prior to treatment related to sex offending (Lightfoot & Barbaree, 1993).

**PERSONALITY TYPES AND CLASSIFICATIONS**

A variety of personality characteristics have been identified among juveniles who have sexually offended, yet few studies have attempted to classify these juveniles according to the characteristics. Similarities and differences have been found (e.g., Hunter, Figueredo, Malamuth, & Becker, 2003; Smith, Monastersky, & Deisher, 1987; Worling, 2001). Because information about

different types of juveniles is of great importance for determining and applying appropriate treatment strategies, further research in this area is needed.

### **GIRLS WHO HAVE COMMITTED SEX OFFENSES**

*Incidence.* Studies and literature reviews have estimated the incidence of juvenile sex offending by girls to be between 2 and 11% (Lane & Lobanov-Rostovsky, 1997; Righthand et al., 1989; Righthand & Welch, 2001; Righthand et al., 2001). Incidence reports on juvenile sex offenders may underestimate the extent of the problem for girls even more than for boys. For example, sex offending in childcare situations may be less likely to be detected, because young victims may not have the language skills, abilities, or knowledge-base that can facilitate disclosures of sexually abusive behaviors.

*Characteristics.* More thorough reviews of the limited literature pertaining to girls who have sexually offended are available from other sources (e.g., Bumby & Bumby, 1997; Righthand & Welch, 2001). Most studies are limited by small sample sizes, but have findings that are relatively consistent. Ray and English (1995) found that compared with boys, girls tend to select younger victims, use less force, are less frequently involved in the criminal justice system, and are more frequently referred for assessment and treatment. Like boys, girls engage in a variety of types of offenses, including penetration (Fehrenbach & Monastersky, 1988; Mathews et al., 1997; Righthand et al., 2001), although penetrative acts occur less often (Ray & English, 1995). Childcare situations frequently provide the opportunity for abusive behaviors (Bumby & Bumby, 1997; Fehrenbach & Monastersky, 1988).

Although boys who sexually offend often have high rates of child maltreatment histories, girls typically evidence higher rates and more severe histories (Bumby & Bumby, 1997; Kubik, Hecker, & Righthand, 2003; Ray & English, 1995). In addition to having high rates of abuse and trauma, in one of the largest studies to date, Mathews and associates (1997) found that the girls typically came from families evidencing high levels of family dysfunction and an absence of parental support. Their family environments were described as usually appearing detrimental for the development of healthy attachments and a positive sense of self.

Like boys who commit sexual offenses, girls who sexually offend often engage in other forms of delinquent behaviors and evidence a range of behavior problems including sexually promiscuous behaviors. Peer relationship problems and school difficulties have been found to be common (Righthand et al., 2001). Girls typically have had high rates of previous involvement in mental health systems (Bumby & Bumby, 1997; Hunter, Lexier, Goodwin, Browne, &

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Dennis, 1993). Mathews and colleagues (1997) found that although a small subgroup of girls evidenced little psychopathology and limited offending behaviors, around half of the sample appeared to have moderate to severe psychopathology. Problems included behaviors associated with conduct disorders, impulsivity, substance abuse, suicidal behaviors, and unprotected sex. A subgroup of the girls also evidenced deviant sexual arousal patterns, post-traumatic stress disorder, depression, and anxiety. In sum, the authors surmised:

Biological and socialization factors create a higher threshold for the externalization of experienced developmental trauma in females than males. In this regard, it may be that females are generally less likely than males to manifest the effects of maltreatment in the form of interpersonal aggression or violence and that females who develop such patterns of behavior are generally those who have experienced remarkable high levels of such developmental trauma in the absence of environmental support for recovery and the presence of healthy female role models. (p. 194)

### **DEVELOPMENTALLY DISABLED JUVENILES WHO HAVE COMMITTED SEXUAL OFFENSES**

In one of the few studies focusing on adolescent sex offenders with mental retardation, Gilby, Wolf, and Goldberg (1989) compared sexual behavior problems in a sample of intellectually normal youths (defined by the author as borderline intellectual functioning or higher) and youths with mental retardation (including mild and moderate mental retardation). The authors found that the frequency of sexual behavior problems of the groups did not differ significantly according to their levels of intellectual functioning. They noted that, for both groups, the closer the adolescent was observed (e.g., within a residential setting), the greater the number of sexual behavior problems recorded. This finding was especially true for the mentally retarded inpatient group. The authors suggested that reports of a greater-than-expected number of sexual problems among persons with mental retardation might be related to the increased levels of supervision these individuals receive.

Gilby and colleagues (1997) did find increased levels of inappropriate, non-assaultive sexual behavior (e.g., exhibitionism and public masturbation) among the adolescents with mental retardation and more indiscriminate sexual behavior. Although the rate of sexual assault did not vary between the intellectually normal and mentally retarded groups, there were fewer "consented to"

sexual activities among the mentally retarded outpatient group. The authors suggested that this difference could reflect a lack of opportunity.

Interventions with juveniles with intellectual and cognitive disabilities must be appropriate for their special needs and learning styles. For example, due to differences in information processing styles and/or as a result of negative experiences in educational settings, these youths may prefer to avoid therapeutic situations that resemble their negative experiences, such as psycho-educational programs and other cognitive-behavioral methods (Langevin, Marentette, & Rosati, 1996).

A review of the literature (Stermac & Sheridan, 1993) regarding treatment of "developmentally disabled" adult and adolescent sex offenders revealed a "dearth of work in this area" (p. 237). Most studies have focused on adults and have stressed behaviorally oriented interventions. Strategies that enhance learning and generalizing skills, such as clear and concrete information or instruction, opportunities to rehearse new skills, and strategies to facilitate the development and use of new skills in a variety of settings are recommended. Modified relapse prevention strategies have been found to be effective with some cognitively impaired sex offenders. Yet, as Stermac and Sheridan pointed out, relapse prevention emphasizes self-management and therefore may not be appropriate for all intellectually or cognitively impaired sex offenders. Ferrara and McDonald (1996) provide an in-depth discussion of specialized interventions with juveniles who have cognitive and neurological challenges.

### **RISK FOR REOFFENDING**

In a recent commentary, Chaffin and Bonner (1998) pointed out that there are no true experimental studies comparing untreated and treated juvenile sex offenders and no prospective studies evaluating risk factors or the natural course of sexual offending. Becker (1988) suggested that adolescent sex offenders were probably more likely to sexually reoffend if one or more of the following factors were present: (a) the initial offending was pleasurable, (b) consequences for the offenses were minimal, (c) the deviant sexual behavior was reinforced through masturbation or fantasy, and/or (d) the offender had social skills deficits. These factors appear to have good face validity but require additional evaluation (for an in-depth discussion of factors related to reoffense, see Efta-Breitbach & Freeman, this issue).

Relatively few studies have investigated the factors associated with the risk of repeat or persistent sexual offending. Most findings have not been replicated and some are contradictory. Methodological problems such as small

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sample sizes further limit this research. This is not to say that these findings should be ignored. Empirically supported as well as other theoretically sound factors may be important for reducing reoffending, however, pending further research caution is necessary and these limitations must be kept in mind.

## CONCLUSIONS

The findings of this literature review indicate that juveniles who have committed sex offenses are heterogeneous. Like other juveniles, they are in the process of growing up. Yet, as this review demonstrates, they present with an array of social, emotional, and behavioral problems and may present with special risks related to their abusive behaviors.

Research also indicates that known rates of sexual recidivism are quite low, suggesting that a substantial proportion of these juveniles desist from committing sex offenses following the initial disclosed offense and intervention. The higher rates of nonsexual recidivism, and the relatively low rates of sexual reoffending, suggest that there are subgroups that commit additional offenses, primarily nonsexual offenses, and that a relatively small group goes on to commit additional sexual offenses or both sexual and nonsexual crimes.

Finally, it should be remembered that the goal when working with juveniles who have committed sex offenses is to help them stop their abusive behaviors. To label them "juvenile sex offenders" at a time when they are developing their identity may have deleterious effects. There is no evidence pertaining to these juveniles that suggests "once a sex offender always a sex offender." Chaffin and Bonner (1998) pointed out in an editorial, "Don't Shoot, We're Your Children: Have We Gone Too Far in Our Response to Adolescent Sexual Abusers and Children with Sexual Behavior Problems?"

It is important to remember that youths who commit sex offenses are children and adolescents first; they are young people who have committed offenses, but they are more than their crimes. They require individualized and developmentally appropriate interventions as well as our attention and concern.

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