Juvenile Sex Offenders

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KEYWORDS

• Juvenile sex offenders • Paraphilias • Risk factors • Risk assessment
• Sex offender registries • Psychopathology • Sex offender treatment

KEY POINTS

- Sexual offending by youth is a serious problem, with approximately half of all sex offenses against children committed by individuals younger than age 18.
- Juvenile sex offenders (JSOs) comprise a heterogeneous group, and a majority of youth do not go on to develop paraphilias or to commit sex offenses during adulthood.
- As a group, JSOs are more similar to general delinquents than to adult sex offenders.
- Empirically supported risk factors for sexual reoffending in male juvenile offenders include deviant sexual interest, numerous past sexual offenses, and selection of a stranger.
- JSO risk assessments are increasingly used to inform sentencing and postsentencing decisions and hence must be performed by clinicians who possess excellent clinical skills, a thorough knowledge of normal child and adolescent development, a thorough knowledge of child and adolescent psychopathology and abnormal developmental trajectories, and an up-to-date knowledge of the research.

SCOPE OF THE PROBLEM AND DEFINITIONS

Sexual abuse by youth is neither rare nor inconsequential; victims of sexual assault suffer a variety of sequelae, including posttraumatic stress disorder (PTSD), major depression, and substance abuse.[1] Youth under the age of 18 are responsible for between 15% and 20% of all sexual offenses and up to 50% of all sexual offenses against children.[2] It has been estimated that one-third to one-half of adult sex offenders began offending as youth,[3] which can lead to the erroneous conclusion that intractable deviant sexual arousal is at the root of all sexual offending and that sexual offending youth are merely future adult sex offenders who have been caught early. As discussed throughout this article, JSOs are not just youthful adult sex offenders. They comprise a far more heterogeneous group than adult sex offenders. It is important to

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keep in mind 2 often reiterated caveats: (1) most juveniles who commit sex offences do not go on to become sex offenders in adulthood and (2) most JSOs do not go on to develop paraphilias.

Extant research indicates that JSOs recidivate sexually at a lower rate than adult sex offenders, with most estimates of sexual reoffending ranging between 8% and 14%,[4] An examination of recidivism studies that included 11,219 JSOs with a mean follow-up period of 5 years found a mean base rate of 7.08% for sexual reoffending but a 43.4% mean base rate for general reoffending.[4] Other studies have found rates of nonsexual recidivism of 28% to 54%.[5–10] JSOs much more likely to reoffend nonsexually than sexually, and most sexual and nonsexual recidivism occurs within 3 years of release.[7,10] More recent research has focused on the ways in which JSOs are different from adolescents with histories of nonsexual offending in an effort to better identify and treat youth at risk for recidivism.[11]

The term, *sexual offender*, technically relates to an individual who has been convicted of a sexual crime and should not be assumed synonymous with any specific mental disorder(s), including paraphilias. In this article, however, the term, sex offender, is used synonymously with juveniles who engage in behaviors that meet the threshold for charges, whether or not they actually have involvement with the legal system. Management of JSOs has become more punitive over the past couple of decades. Youth as young as 10 years of age may be required to register as predatory sexual offenders for their lifetimes. Ironically, requiring convicted juveniles to be added public sex offender registries has resulted in some prosecutors being reluctant to pursue convictions and an increase in plea bargain deals, including sex offense charges amended to nonsexual charges and lower severity charges.[12] Additionally, it seems that juvenile registration has little deterrent effect on behavior considered to be sexual offenses.[13]

WHAT CAUSES JUVENILE SEXUAL OFFENDING?

There are undoubtedly a variety of etiologies of sexual offending. Biological, familial, societal, and developmental factors have all been postulated as playing a role in the onset and continuation of sexual offending. As discussed in this article, JSOs are a varied group, and the onset of sexual offending in a specific person is as unique as the individual. A comprehensive theoretic framework regarding the cause of sexual offending is lacking. Descriptive studies categorize JSOs into 3 groups: (1) those with underlying sexual deviation, (2) those with a general antisocial orientation, and (3) those with traits that indicate more general psychopathology.[14] Although numerous theories regarding the etiology of sexual offending in adults have been proposed,[15–17] there is no generally accepted theory regarding the cause of sexual offending in youth. Several etiologic factors have received empirical and clinical interest, however, including a history of maltreatment, especially sexual abuse; exposure to pornography; and exposure to aggressive role models.[18]

Ryan and colleagues[19] proposed a model of sexual offending that begins with a negative sense of self, in which vulnerable children and adolescents protect themselves from what they predict will be negative and hurtful interaction by social withdrawal and isolation. They retreat into fantasy to compensate for feelings of powerlessness and helplessness. When sexual offending occurs, there is a further increase in negative emotions and self-image and thoughts of rejection, establishing a destructive repetitive cycle. In the Marshall and Barbaree model,[20–22] children learn that they are more successful at getting their parents' or caretakers' attention by being disruptive, which in turn leads to caretakers adopting an aggressive, coercive, and