



## Research article

# Discriminant factors for adolescent sexual offending: On the usefulness of considering both victim age and sibling incest<sup>☆</sup>



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## ABSTRACT

Understanding the pathways and circumstances of juvenile sexual offending is of utmost importance. However, juvenile sexual offenders (JSO) represent an especially diverse group of individuals, and several categorizations have been proposed to obtain more homogeneous subgroups. Victim age-based and family relation-based categorizations are particularly promising because they seem theoretically and clinically relevant. Empirical results however are still inconsistent, and most studies have not considered these two dimensions jointly. The first goal of this study was to further examine the value of subgrouping JSO according to the age of their victim. A second goal was to determine the supplementary value, if any, of considering sibling incest. Based on a sample of 351 male JSO, it was first confirmed that sexual abuse of children was more strongly related to antisociality (social skill deficits) than sexual abuse of peers, the latter being more closely associated with antisociality (general delinquency). The relevance of considering mixed-type JSO (with both child and peer victims) separately was also confirmed. More importantly, multivariate statistical analyses demonstrated that adding sibling incest to the equation was useful. JSO of intra-familial child were significantly more likely to have been victimized during their own childhood compared to JSO with extra-familial victims. Nevertheless, adolescents who had committed sibling incest obtained middle ground results on most variables (except for crime severity), suggesting that they constitute a distinct but not extreme, subgroup. This study confirmed the utility of using both the age and the family relation with the victim in characterizing juvenile sexual offending.

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## Introduction

Approximately 10% of boys and 20% of girls around the world will be sexually abused before they reach majority (Finkelhor, 1994; Pereda, Guilera, Forns, & Gomez-Benito, 2009; Stoltenborgh, van Ijzendoorn, Euser, & Bakermans-Kranenburg, 2011). Given the potentially severe consequences of child sexual victimization, and the fact that approximately 50% of child sexual abuse is committed by adolescents (Barbaree & Marshall, 2006), a growing number of studies have attempted to better understand juvenile sex offending. Several etiological and risk factors have been identified, including childhood

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maltreatment, deviant family environment, early exposure to sexuality, poor childhood attachment, poor social skills, atypical sexual development and sexual interests, psychopathology, cognitive impairments, general criminality, substance use and abuse, and antisocial acquaintances (Knight & Prentky, 1993; Seto & Lalumière, 2010). None of these factors is necessary or sufficient to commit a sexual offense, none apply to all juvenile sexual offenders (JSO), and no JSO present all of them. Still, certain risk factors are more likely to occur together, in combination, such as those first suggested by Becker and Kaplan (1988): (1) the antisocial (e.g., victimization from physical abuse, general delinquency, conduct disorders, substance abuse, impulsivity, learning deficits), (2) the asocial (e.g., low social skills, sexual immaturity, high anxiety, cognitive impairments, poor parental attachment, poor cognitive functions), and (3) the sexually deviant (e.g., sexualized family environment, early exposure to sexuality, atypical sexual interests, and sexual abuse victimization). Identifying the combination(s) of factors presented by a single individual is central to better understand his pathway and his specific treatment needs. Interestingly, certain variables associated with the victims might help further discriminate between JSO subgroups that share similar combinations of risk factors and sexual offending pathways. Two of these victim-related variables seem to possess good discriminant value: age (Leroux, Pullman, Motayne, & Seto, 2014) and family relation with the offender (Latzman, Viljoen, Scalora, & Ullman, 2011). The main goal of this study was to further investigate the clinical and theoretical relevance of these two potentially discriminant variables.

### *Distinctions Based on the Age of the Victim*

The distinction based on the victim's age is the most studied way to categorize JSO because it is congruent with numerous theories (Knight & Prentky, 1993; Seto & Lalumière, 2010). Recent studies from Aebi, Vogt, Plattner, Steinhäusen, and Bessler (2012) and Leroux et al. (2014) independently suggest that the victim age distinction is valid, more than other types of categorizations (e.g., having a criminal history or not; having co-offenders or not). The victim age variable is especially helpful to discriminate between antisocial and asocial profiles among JSO, as those with peer/adult victims present, on average, longer and more versatile criminality history, higher rates of conduct disorders, and more substance use and abuse (all factors related with general delinquency) than JSO with child victims (Aebi et al., 2012; Awad & Saunders, 1991; Fanniff & Kolko, 2012; Glowacz & Born, 2013; Gunby & Woodhams, 2010; Leroux et al., 2014; Seto & Lalumière, 2010; Richardson, Kelly, Bhate, & Graham, 1997). It should be noted, however, that the opposite is not necessarily true, as antisocial JSO might also have child victims (Pullman, Leroux, Motayne, & Seto, 2014; Worling, 2001). As for JSO of children, they are more likely to have abused a male and to suffer from internalized problems (e.g., anxiety) than JSO of peers or adults (Aebi et al., 2012; Fanniff & Kolko, 2012; Glowacz & Born, 2013; Gunby & Woodhams, 2010; Richardson et al., 1997).

The problem with the victim age dichotomy (children vs. peers/adults) is that more similarities than differences are found between the two subgroups of JSO besides the ubiquitous higher prevalence of antisocial behaviors in JSO with peer/adult victims (Fanniff & Kolko, 2012; Leroux et al., 2014; Parks & Bard, 2006; Zeng, Chu, Koh, & Teoh, 2015). Although JSO of children are hypothesized to be characterized by higher rates of childhood sexual abuse, lower social skills, earlier exposure to sex, more atypical sexual interests, and more severe psychiatric and cognitive disorders than JSO of peers/adults (Seto & Lalumière, 2010), results are inconsistent across studies (Keelan & Fremouw, 2013). For instance, several recent studies failed to find differences in rates of childhood sexual abuse between JSO of children and JSO of peers/adults (Aebi et al., 2012; Fanniff & Kolko, 2012; Hendriks & Bijleveld, 2004; Leroux et al., 2014; Zeng et al., 2015). Social competence is sometimes found to be lower in JSO of children than JSO of peers/adults (Gunby & Woodhams, 2010; Hendriks & Bijleveld, 2004; Hunter, Figueredo, Malamuth, & Becker, 2003), but sometimes not (Fanniff & Kolko, 2012; Leroux et al., 2014; Zeng et al., 2015). In this case, more specific measures such as lack of appropriate aged friends (Gunby & Woodhams, 2010) and lack of peer socialization (Leroux et al., 2014) might be more useful. Similarly, assessments of atypical sexual interests between JSO of children and JSO of peers/adults has yielded both positive (Hart-Kerkhoffs, Doreleijers, Jansen, van Wijk, & Bullens, 2009) and negative results (Leroux et al., 2014). Early exposure to sexuality might better discriminate between these groups (Seto & Lalumière, 2010). In any case, the victim age dichotomy needs to be further investigated (see Keelan & Fremouw, 2013 for a review).

Most recent studies about the victim age-based categorization stress the importance of considering mixed-type JSO, those with both child and peer/adult victims (Fanniff & Kolko, 2012; Keelan & Fremouw, 2013; Leroux et al., 2014). Combining mixed-type JSO with other subgroups of JSO (Hunter et al., 2003; Zeng et al., 2015) or excluding them from the analyses (Gunby & Woodhams, 2010; Hendriks & Bijleveld, 2004) might have masked significant differences in previous studies. The mixed-type subgroup is sometimes (but not always, Fanniff & Kolko, 2012; Kemper & Kistner, 2007) found to be more clinically impaired (e.g., number of psychiatric hospitalizations, prevalence of ADHD diagnoses, prevalence of learning impairments; Leroux et al., 2014; Richardson et al., 1997), and at higher risks to re-offend (Parks & Bard, 2006) than both JSO of children and JSO of peers/adults. However, data concerning this particular subgroup are still scarce (only 4 studies were found by Keelan & Fremouw, 2013), based on small samples, and there are more results available on psychological than sexological factors (e.g., own sexual victimization, early exposure to sexuality, deviant sexual interests).

Other possible confounding factors in previous victim age-based studies include small sample sizes and low statistical power (e.g.,  $N=49$ , Awad & Saunders, 1991;  $N=43$ , Gunby & Woodhams, 2010); the use of indirect measures (Fanniff & Kolko, 2012; Zeng et al., 2015), or self-report instruments (Hummel, Thömkke, Oldenburger, & Specht, 2000) to evaluate sensitive matters such as social skills; and failure to correct for multiple comparisons (e.g., Leroux et al., 2014) or partially

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