

Individual and Family Characteristics of Juvenile Sexual Offenders

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Descriptive data on 100 juveniles seen for assessment and treatment at a non-profit, community-based, outpatient treatment program for sexual abuse are presented. Prior physical and sexual abuse characteristics of the juvenile sexual offender (JSO) are discussed as well as the incidence of victimization and perpetration within the offender's family. Statistically significant associations emerged for the following characteristics: (a) prior physical and sexual victimization of the offender and having another family member identified as a perpetrator of sexual abuse; (b) prior sexual victimization of the offender and prior sexual victimization of another family member; and (c) a history of sexual abuse of the offender and having a family member with prior sexual victimization.

UNTIL RECENTLY, THE MAJORITY OF RESEARCH in the area of sexual offending was conducted on the adult offender (Hall, 1991; Kalichman, 1991; Langevin, Wright, & Handy, 1989; Mair, 1993). However, several reasons prompt research concerning the adolescent sexual offender. First, the availability of statistics for juveniles actually committing sexual offenses has improved. The 1980 Uniform Crime Reports showed that 30% or more of people arrested for rape were juveniles, and Ageion (1983) suggested an incidence for sexual assault involving 1% to 10% of the general population of male juveniles (cited in Fehrenbach, Smith, Monastersky, & Deisher, 1986). Further, 30% to 50% of cases involving child sexual abuse are attributed to juvenile sexual offenders (JSOs) (Brown, Flanagan, & McLeod, 1984; Davis & Leitenberg, 1987; Deisher, Wenet, Paperny, Clark, & Fehrenbach, 1982).

Another reason for the shift in research concerns the number of adult sexual offenders admitting to sexual offenses during adolescence. As many as 50% of adult sexual offenders reported their first incidence of sexual offending occurred as a juvenile (Abel, Mittelman, & Becker, 1985; Becker & Abel, 1985; Davis & Leitenberg, 1987; Gebhard, Gagnon, Pomeroy, & Christenson, 1965; Groth, Longo, & McFadin, 1982; Smith, 1984).

The basis for increased research on JSOs also involves removal of the naive view that considerable juvenile sexual behavior is experimentation and, therefore, should not be treated as actual sexual offending (Groth & Loreda, 1981; Longo, 1982). Although this shift from naïveté to a clearer understanding of the early onset of these behaviors is recent, research from the late 1970s (Groth, 1977) indicates more than innocent experimentation. Groth's study of 26 male adolescent sexual offenders convicted of rape or child assault indicated that 86% had prior sexual experiences and 75% had committed prior sexual offenses. Thus, the sexual offense in which the JSO was convicted was usually not his first sexual experience and does not represent early sexual exploration or experimentation (Fehrenbach et al., 1986). Further, Groth found the sexual offenses committed by adults were essentially identical to those offenses they committed as adolescents.

The available research on the JSO continues to grow but is still limited. The majority of this research addresses prior physical and sexual abuse in individual JSOs and their respective families. It has been

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shown that JSOs have an increased frequency of being victimized physically and/or sexually (Becker, Kaplan, Cunningham-Rathner, & Kavoussi, 1986; Deisher et al., 1982; Fehrenbach et al., 1986; Groth & Longo, 1981; Lewis, Shanok, & Pincus, 1981; Shoor, Speed, & Bartlet, 1966). However, much of this research suffers from the methodological disadvantage of not including a control group of other juveniles. A study by Benoit and Kennedy (1992), which included appropriate controls, revealed no differences in physical or sexual victimization between groups of adolescents separated by offenses. Thus, the relationship between juvenile sexual offending and prior sexual or physical victimization is not clear.

The available research on parents of JSOs is even more inconclusive. A study by Kaplan, Becker, and Cunningham-Rathner (1988) presented data on parents of adolescent incest offenders and indicated these parents reported an increased frequency of having been abused physically and/or sexually.

The purpose of the current study was to expand the information in these two areas by examining data on the physical and sexual abuse of JSOs, the incidence of family members having prior sexual victimization, and the incidence of family members identified as perpetrators of sexual abuse. The associations among JSO family sexual victimization and perpetration were evaluated and, based on research (e.g., Kaplan et al., 1988), expected to be significant. Ideally, this information could be used to identify some treatment needs of offenders (i.e., personal abuse and victimization), thereby increasing the efficiency of JSO treatment models.

Method

Participants

Participants consisted of 100 male and female juvenile sexual offenders between the ages of 10 and 18 who were seen at a nonprofit, community-based, outpatient treatment program for assessment and/or treatment during 1993 or 1994. JSO files were obtained from a convenience sample. All participants were either ordered by the court to receive assessment or treatment or were referred by Health and Welfare Child Protection Services, the Juvenile Justice Department, the police department, county probation, or occasionally, by another therapist/counselor.

Procedure

Data were obtained for the offenders by reviewing the records kept of their assessment and treatment at this facility. Records included copies of the assessment reports distributed to courts and evaluators that contained information regarding prior

TABLE I

**Summary of Sexual Victimization
in Family Members**

Specific family member	Percentage victimized
Mother	(28%)
Sister	(5%)
Father	(4%)
Brother	(3%)
Stepmother	(2%)
Stepsister	(2%)
Other	(2%)
Stepfather	(1%)

Note. Specific family member data were gathered for the 37% of offenders that identified another family member as having been sexually abused; there were 33% that identified no family member. Percentages do not total 100% due to some unknown or unavailable information for each area.

sexual experience and offenses (as described by a therapist), and often, police reports, victim statements, results of prior psychological examinations of the offenders, medical examinations of victims, and so on. By assigning separate numbers to the offenders and their information, the anonymity and rights of these individuals could be protected. Permission to access the records was obtained from the therapist overseeing juvenile sexual offender assessments. From the information gathered, data in four areas were examined for this study: (a) prior physical victimization of the JSO; (b) prior sexual victimization of the JSO (both measured as *present* versus *not present*); (c) prior sexual victimization of another family member, and whom; and (d) sexual perpetration by another family member, and whom (both measured as *present* versus *not present*, followed by identification of the specific family member if available).

Results

Of the 100 JSOs on whom data were gathered, 49% reported prior physical victimization and 44% reported no physical abuse.¹ Further, 53% of JSOs reported prior sexual victimization and 39% reported no sexual abuse. Table 1 includes the frequency of having a sexually victimized family member and Table 2 shows the frequency of having a family member identified as a perpetrator of sexual abuse.

¹Note that the percentages do not total 100% due to the possibility that some information was unknown or unavailable for each area of interest.

TABLE 2

**Summary of Perpetration of Sexual Abuse
in Family Members**

Specific family member	Percentage perpetrators
Uncle	(9%)
Brother	(7%)
Other	(7%)
Grandfather	(6%)
Father	(5%)
Stepfather	(4%)
Step-grandfather	(4%)
Sister	(2%)
Step-uncle	(2%)
Aunt	(1%)
Mother	(1%)
Stepmother	(1%)
Stepbrother	(1%)
Step-other	(1%)

Note. Specific family member data were gathered for the 41% of offenders that identified another family member as having been a perpetrator of sexual abuse; there were 28% that identified no family member. Percentages do not total 100% due to some unknown or unavailable information for each area.

Statistical Associations

Statistical analyses included a 2×2 cross tabulation and chi-square (alpha level = .01) comparing each of the characteristics. Many of the questions included the option of *unknown* or *unavailable*. This option was not included in the analysis and resulted in a decrease in number of participants available for each calculation.

Current research on the frequency of having a sexually abused family member and having a family member identified as a perpetrator of sexual abuse is lacking, although an important relationship between the JSO and these two characteristics is suggested by present data. Of particular interest is the relationship that appeared between the individual JSO as a victim of sexual abuse (38%) and that of having a family member also as a victim of sexual abuse (38%), $\chi^2(1, N=65) = 6.87, p < .01$. It has been suggested that perhaps the role of victim is passed on through family members (Cooper & Cormier, 1982; Helfer, 1987; Justice & Justice, 1979). The results of this study suggest such a relationship.

Additionally, the relationship between having a family member with prior sexual victimization (34%) and having a family member identified as a perpetrator of sexual abuse (35%) was statistically significant, $\chi^2(1, N = 63) = 14.99, p < .01$. Two hypotheses are

suggested by this relationship: (a) there is an incestuous abuse relationship in which the victimization is taking place within families; and/or (b) victims of sexual abuse are becoming involved with perpetrators of sexual abuse. There was a statistically significant relationship between the sexually abused offenders (40%) and having a family member identified as a perpetrator of sexual abuse (38%), $\chi^2(1, N = 65) = 33.07, p < .01$. Further, physically abused offenders (34%) are also associated with having a sexual abuse perpetrator in the family (39%), $\chi^2(1, N = 67) = 11.05, p < .01$. To summarize, abuse appears in the dynamics of the offender's family.

Conclusions

Treatment Considerations

These results can be related to the treatment of the JSO. Many treatment settings concentrate primarily on the JSO and include very little family counseling or therapy. This study indicates that family dynamics involving sexual offending and victimization need to be addressed as part of JSO treatment programs.

On the other hand, prior physical and sexual victimization is almost equally distributed in JSOs who have been previously abused sexually or physically and JSOs who have no prior abuse history. This result is similar to data reported by Benoit and Kennedy (1992). Therefore, the relationship between prior sexual and physical victimization in JSOs appears to be more complex than pure family victimization history. It would be helpful to incorporate a comparison population into the design of this study for more clarification of this issue.

Future Research

Future research needs to address two issues. Comparison groups including other adolescent non-sexual offenders and adolescent non-offenders would assist in determining which variables are associated with JSO offending and which are not associated with this population. Future researchers need to continue addressing and be concerned with the self-reporting of information, especially prior sexual experiences and offenses. Attempts to control for this potential problem in the present study included the comparison of the self-report information with the information gathered in parent interviews, police reports, victim statements, etc. Although no data are available, the authors believe these procedures help to improve data accuracy.

In conclusion, it appears there was an introduction of abuse, whether sexual or physical, into the offenders' lives outside their own sexual offenses.

Having a family member identified as a perpetrator was statistically associated with prior physical and sexual abuse of the offender, as well as prior sexual abuse of another family member. Based on the results of this study, it is apparent that current treatment models need to consider addressing not only issues involving the offender's offense, but additional issues involving abuse within the family; physical and sexual abuse patterns may have developed within the dynamics of the family and not in the offender alone.

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