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ABSTRACT

This study investigates juvenile sex offenders and the predetermining factors that are present in their lives, prior to their first offenses. This study will give an overview of theories, children's sexual behaviors ranging from normal to disturbed, and family dynamics of juvenile offenders. The treatment files of boys and young men, currently in residential placement for committing one or more sexual offenses were carefully studied. It was concluded that when a child is exposed to adverse living conditions, has an unhealthy view of sexual privacy, and poor boundaries, sexual acting out is probable. (Author)



Children as Sex Offenders, Why?

Traci Deranek and David A. Gilman

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Abstract

This study investigates juvenile sex offenders and the predetermining factors that are present in their lives, prior to their first offenses. This study will give an overview of theories, children's sexual behaviors ranging from normal to disturbed, and family dynamics of juvenile offenders. The treatment files of boys and young men, currently in residential placement for committing one or more sexual offenses were carefully studied. It was concluded that when a child is exposed to adverse living conditions, has an unhealthy view of sexual privacy, and poor boundaries, sexual acting out is probable.



Background to the Problem

Sexual offenses cover a wide range of behaviors and many types of victims.

Sexual offenses that are physically aggressive and violent have been feared and punished for years. Many other sexually deviant behaviors have been shunned and overlooked. It is difficult to report and establish necessary evidence of sexual offenses if not reported right away. Many victims are uncomfortable with the idea of discussing sexual issues, so they choose to live with the internal pain, rather than the external discomfort of disclosing their experiences. Making juvenile offenders take responsibility for their behaviors has been overlooked for years. As stated by Ryan and Lane (1997) many exploitative and aggressive behaviors have been considered "adolescent adjustment reactions" or "exploratory" stages and were thought to pass with age. (p.xi)

As society has become more aware of the increasing prevalence of sexual abuse perpetrated by children and adolescents, it has become necessary to investigate causes of this conduct. Cavanaugh-Johnson (1988) cited that juvenile perpetrators as young as four or five years old. Although, the majority of the reported offenders are reported of twelve to eighteen year olds, the increase of prepubescent sexual offenses is dangerously on the rise.

Ryan cites Finklhor (1996) as finding that in 1976 confirmed cases of sexual abuse represented only 3.2 % of all child abuse reports. By 1993, however, reports for child protection investigation had increased to nearly 3 million per year nation wide, juveniles are currently responsible for the perpetration of approximately 30% of reports of child sexual abuse.



Ryan cites that an anonymous phone survey conducted in Los Angeles, by,

Timnick (1985). This survey sampled over 2,600 American adults. Sixteen percent of all
males and twenty nine percent of all females reported having been sexually abused by the
age of 18. Showers, Farber, Joseph, Oshins, and Johnson (1983) report that 56% -57% of
the reported cases of sexual abuse of male children are perpetrated by teenagers. They
also state that a juvenile molested 15%-25% of female sexual abuse victims

Young people of all racial, ethnic and religious backgrounds perpetrate sexual offenses. Ryan and Lane (1997) state that 70% of all sex offenses committed by juveniles were reported as living in two parent homes at the time of the discovery. Although they are living in two parent homes at the time of discovery, the researchers add that over half of these perpetrators report some sort of parental loss, such as divorce, death, adoption, or temporary separation due to a hospitalization or placement.

While the majority of these juveniles are attending school and doing well academically, many others have been identified as being behavior problems, truant, or in need of special education services. There does not appear to be social characteristics that are pervasive in all or most of these offenders. They come with various labels: star athletes, under-socialized misfit, honor roll student. Ryan (1993) infers that; 65% of perpetrators do not have any observable personality or behavioral characters that separate them from their same aged peers. Only 30% have been involved in chronic nonsexual delinquency or antisocial behaviors that might support a diagnosis of conduct disorder or anti-social personality disorders, and only 5% have been previously diagnosed as having a mental illness or psychosis. Many of the issues falling in this 5% are emotional and



behavioral disorders, attention deficits, posttraumatic stress disorders, and obsessive-compulsive disorders.

There are several theories that have received substantial attention as a basis for understanding the history of sexually abusive youth cites Ryan(1997): the Psychosis Theory, Physiological Theory, Intrapsychic Theory, Learning Theory, Developmental Theory, Attachment Theory, Addictive Theory, and Family Systems Theory. The following will discuss a brief explanation of the aforementioned theories.

The Psychosis Theory is the theory that mainstreamed society as the reason for most sexual out behaviors. Society rejects that a "normal" person could commit such an inhumane act. Communities would like to think that anyone that could rape or molest a child must be "crazy." The truth of the matter is that only a very small percentage of sex offenders have a diagnosis of mental illness. In Ryan's book Knopp (1984) cites that truly psychotic offenders only account for less than 8% of the reported cases.

The Physiological Theory expresses that a neurological or hormonal imbalance could be the cause of aggressive and deviant sexual behaviors. Scientifically, this would be a favorable response, in that it could potentially be alterable. It removes the responsibility for creating the type of environment that produces a child capable of offending. This type of a cause would support that sexual offenders are born rather than developed by their environment. If, as Ryan cites(1997), the cause is inborn, then society and the offender are not responsible for the maladaptive behaviors.

The Intrapsychic Theory is based on Freudian research(1954) of personality development. Freud believed that people have two basic instincts: sexual and aggressive. He suggests that our personalities encompass three elements: the id, the ego, and the



superego. The id is the part of us that operates on the pleasure principle. By Freud's standards, this suggests that if the id were most superior, people would be over sexualized and aggressive. The ego is the part of us that wants to be realistic and socially acceptable. The superego is our moral make up, the part that desires to be ethical and just. Freudian theory states that these aspects of our personality are consistently a cause of great internal conflict.

The Learning Theory operates under the assumption of Pavlov's theories of classical conditioning (1927) that babies are born as a blank slate. This theory suggests that behavior is learned not inbred. Modeling, rewards and punishments, and pairing a physiological response with stimuli may encourage the learning of behaviors.

Developmental Theories are based on the idea that as people develop they go through stages. In Ryan's book, Piaget (1928) suggests that fundamental cognitive abilities are developed in the early stages of life. It is crucial that each stage is achieved prior to progressing on to the next stage. If a child is unable to pass through a necessary stage of development, this might establish some sort of sexual deviance as the body matures and the mental processes lack fundamental abilities.

Attachment Theories are based on the model that early relationships provide the foundation for relational experiences throughout a persons' life span. Positive relationships with a primary caretaker are the key to establishing a healthy self-image and creating appropriate bonds with others. This theory considers the interaction between an individual and their environment to be a direct reflection of the way the person views themselves, others, and the environment they are surrounded with.



The Addictive Theory brings the compulsive qualities of sexually deviant behaviors to the forefront. In this type of scenario, inappropriate behavior is viewed as out of the offenders' spectrum of control. Addictive qualities in the family culture are a factor in this theory. Childhood victimization is also a very relevant aspect of this theory.

The Family Systems Theory is grounded in the idea of generational sexual dysfunction, in the form of incest. These family structures are fundamentally unhealthy and have a perverted understanding of normal sexuality. For many years this type of dysfunction was viewed as a family problem, separate from other sexual offenses.

These theories implicate that sexually abusive behaviors do not occur randomly and that there is some explanation for why these behaviors are present. This investigation will go on to explore the levels of sexual behavior present in young people, as noted by Cavanaugh-Johnson (2001) ranging from normal to disturbed. She titles these groups as, Natural and Healthy, Sexually –Reactive, Extensive Mutual Sexual Behaviors, and Children Who Molest. This study will give a summary of these groups and characteristics that fall within them.

Group I- Natural and Healthy: This is a process of gathering information where children explore their own body and maybe the bodies of their peers. (i.e. Play Doctor) Typically, any physical experimentation is only present with children who have a positive relationship. It is based on mutual curiosity. At this stage, if a child is caught and encouraged to stop, the behavior stops, at least in the presence of observers. The acts of exploration are light- hearted and spontaneous.



Group II- Sexually Reactive: Sexual behaviors, at this stage are frequent and sometimes done in the view of adults. These behaviors are not forceful or coercive, and may include a great deal of self- stimulation. These acts are typically a reaction to a previously experienced situation, and may be a way that the child attempts to make sense of the confusion they have felt.

Group III- Extensive Mutual Sexual Behaviors: To be classified in this stage the behaviors are often habitual, extensive and may include a whole spectrum of adult sexual behaviors. These children seem to be making attempts to establish closeness with other children, as they feel hurt and abandoned by adults. Again, these individuals are not forceful, but they might use some persuasion. This sexually acting out is a means of connection that diminishes their feelings of isolation. The child has little desire to stop the inappropriate behavior at this stage.

Group IV- Children Who Molest: The sexual behaviors of these children are pervasive and frequent. Sexualized aggression is present in the lives of these children and they use coercion as a means of gaining the participation of others in their deviance. Physical force is not common in this group either, but trickery, bribery, and other forms of manipulation are apparent. All areas of the lives of these children seem to be problematic.

As stated by Gil (1992), these over-sexualized behaviors do not occur in a vacuum. This study has already addressed children's sexual interests as existing on a continuum. Most children develop gradually and progressively as they age and mature. Maladaptive sexual attitudes and behaviors can be shaped by life experiences and exposure to sexual materials that they are unable to process.



Gil also sites Martinson (1991) as saying that a child's excessive focus on sexual activity emerges due to the exposure of explicit sexual information, in the form of magazines, books, videos, etc. In these sexualized families there is a disregard for personal boundaries and the need for privacy. There is also an overtone of heightened sexuality at most times throughout a given day. It might be common for an adult in this environment to watch as their child takes a bath, or changes clothes. As children mature in these settings they eventually desire the need for privacy, and may request it. The response to this might be ridicule or emotional abandonment. This study will investigate the environmental factors that were present in the homes of known sex offenders. These offenders are currently in residential placement for their offenses. This study was conducted by evaluating and recording environmental factors and the culture the resident lived in prior to placement in this secured facility. If it is found that there are specific behavioral and environmental causes for predisposing a child towards committing a sexual offense then it would be wise for our communities to educate parents, and any other child care workers of the sexual continuum, along with, triggers and warning signs.



Statement of the Problem

What causes a child to become a sex offender? What specific factors are present in the lives of children prior to their first offense? As prior research substantiates, sexual deviance is on the rise. This puts a greater burden on society to investigate, identify, and remediate causal factors. Attempts to do so in the past have been hindered by underreporting and the reluctance of offenders to disclose accurate information. In addition, many times, sexual perpetrators fail to recognize the abnormality of their circumstances. One way to evaluate predetermining factors of sexual maladjustment is to survey personal data files of currently identified sex offenders. The study would note the incidence of several environmental elements present in the lives of pre-adolescent and adolescent offenders

For the purpose of this study, the following hypotheses was tested:

Physical and emotional abuse, neglect, exposure to pornography, victims
of molestation, and substance abuse are factors that are common in sexual
offenders.



Methodology

The sample for this descriptive study consisted of juvenile males currently in residential placement for committing sexual offenses. Subject ages range from nine to eighteen and have divergent ethnicity. Indiana, Illinois, Michigan, and Ohio all send juvenile offenders to this facility. One reason for the large servicing area is that this is one of few treatment resources for youth who have committed sexual offenses or who have failed in other facilities. This program has been providing treatment to adolescent sex offenders for more than seven years. It is only within the past year that the agency has started to service residents under the age of thirteen.

This study obtained data from treatment face sheets. When a youth is admitted into a residential treatment facility, a face sheet detailing family history, environmental factors, rationale for placement, and current diagnoses accompanies their treatment file. The information in this file is compiled by the caseworker, therapist, family, and sending agency if coming from prior placement. The face sheets were studied and the aforementioned list of environmental factors were tallied and graphed.

The occurrences that were most frequent were physical abuse and molestation, both of these scores were figured at 73%. Close behind, the next highest factors were neglect and substance abuse in the home, these occurred 60% of the time. Substance abuse of the offender, emotional abuse, and exposure to pornography were the factors that happened least often with the respective percentages of occurrences to be 33%, 27%, and 20%.

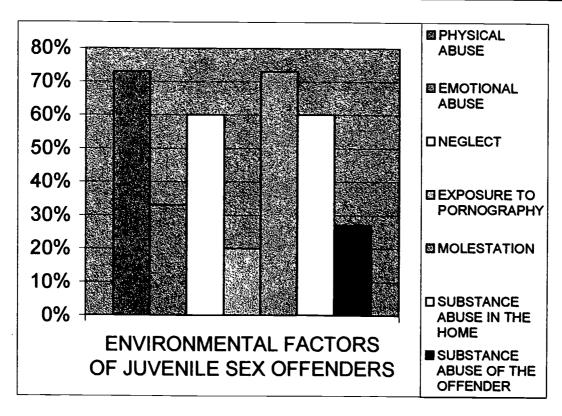


Results

The following table and graph contain the outcomes of the study conducted at the residential placement facility. As the previous research implies, the presence of many maladaptive behaviors are apparent in the lives of these juvenile sex offenders.

Unhealthy environments appear to play a major role in the development of deviant oversexualized young people. These factors were present in the homes prior to the offender's first offense.

ENVIRONMENTAL FACTORS	% OF OCCURANCE
PHYSICAL ABUSE	73
EMOTIONAL ABUSE	33
NEGLECT	60
EXPOSURE TO PORNOGRAPHY	20
MOLESTATION	73
SUBSTANCE ABUSE IN THE HOME	60
SUBSTANCE ABUSE OF THE OFFENDER	27





Discussion, Conclusion, and Recommendations

For the purpose of this study, face sheets of known sex offenders were studied, and reviewed to determine the causes for juvenile sexual offenses. Along with many theories, the childhood sexual continuum, and environmental factors in the family, it is indicated that exposure to an unhealthy over-sexualized environment is the most dangerous predisposing factor. Exposure to physical and emotional abuse, molestation, substance abuse, and unhealthy personal boundaries are just a few of the representative characteristics.

The findings of only a 20% correlation between exposure to pornography and sexually abusive minors seem quite surprising. It is concerning that this might be an underreported factor, especially, in regards to the youngest victims. It seems that the younger offenders might not have the words, or be embarrassed to be expressive about this subject. It is also possible that they are unaware at the time that what they have been exposed to is inappropriate. Pornography is a topic that might have a relative definition in the families of sexually aggressive young people, at the time of the intake. Explanations and understandings of this subject might not be clarified until treatment is under way.

In relation to prior studies, the assumption might be made that the incidence of exposure to pornographic materials might be higher, if this factor were studied after the offender were in treatment for a while. This factor might also be increased if each offender were asked in a very confidential manner, such as an anonymous questionnaire.



Future studies may want to focus on best practices for preventing these factors and educating our communities in ways to stop the continuum of sexual behaviors prior to them getting to a point where serious interventions are necessary.

It may also be prudent to study the recidivism rate for juvenile sex offenders.

There seems to be limited data that portrays the effectiveness of treatment for such offenses; this may be a result of the limited time childhood sex offenses have been taken seriously. As this study has revealed, the home environment is a very important factor. It would be interesting to incorporate home studies and to determine parental attitudes about their child's offenses and the climate of their living environments.



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