

# Juvenile Sex Offenders

## Juvenile vs. Adult Sex Offenders:

There is often an erroneous equation of juvenile sex offenders as compared to adult sex offenders. Much of what we know about the manifestation, etiology, and prognosis for sexual offenders stems from research with adults. Despite the fairly high prevalence and harsh punishments for juvenile sexual offenders, the field still knows little about the course and roots of these behaviors in youth. Developmental differences in psychopathology and amenability to treatment highlight the need for separate etiological and treatment models when dealing with juveniles. (Saleh, 2004).

The scientific literature brings into question the application of special legislation designed for high-risk adult sex offenders to juvenile sex offenders. Is the Court's response having the intended effects (e.g., reducing sexual recidivism) or, are they having unintended effects. Recent changes in legal procedures have resulted in significantly altered consequences to juvenile sex offenders. Specifically, many juvenile sex offenders are now required to register personal information on publicly available sex-offender registries. These registries are maintained by law enforcement agencies and list offenders who have committed specific sexual crimes. Likewise, many juvenile offenders are also subjected to community notification procedures, in which persons external to law enforcement are informed about the specific sexual crimes of some youths. Per federal guidelines, registration and notification policies exclude juvenile offenders except for those youths prosecuted as adults. However, several states have extended registration and notification requirements to juvenile sex offenders.

One leading researcher notes:

*"The past two decades have seen a movement toward harsher legal sanctions and lengthy, restrictive treatment programs for sex offenders. This has not only been the case for adults, but also for juveniles who commit sex offenses. The increased length and severity of legal and clinical interventions for juvenile sex offenders appear to have resulted from three false assumptions: (1) there is an epidemic of juvenile offending, including juvenile sex offending; (2) juvenile sex offenders have more in common with adult sex offenders than with other juvenile delinquents; and (3) in the absence of sex offender-specific treatment, juvenile sex offenders are at exceptionally high risk of reoffending. The available data do not support any of the above assumptions; however, these assumptions continue to influence the treatment and legal interventions applied to juvenile sex offenders and contributed to the application of adult interventions to juvenile sex offending. In so doing, these legal and clinical interventions fail to consider the unique developmental factors that characterize adolescence, and thus may be ineffective or worse. Fortunately, a paradigm shift that acknowledges these developmental factors appears to be emerging in clinical areas of intervention, although this trend does not appear as prevalent in legal sanctions."* (Letourneau, 2005)

## Risk for Re-offence

The prediction of risk of sexual recidivism in adult sex offenders has been grounded on research identifying reliable markers or risk factors, the so-called *static* and *dynamic* variables. For adolescents such reliable factors in the prediction of risk of sexual recidivism have so far not been unequivocally revealed. The risk prediction methods used for adult sex offenders would not be appropriate for adolescent populations. (Miner, 2002).

Characteristics for juvenile sex offenders include family instability, violence, abuse, deficits in social competency, and low academic performance. (Morenz, 1995). Adolescent child molesters assault with less regard to victim gender than do adult child molesters, and are more likely to commit offenses against male victims than were adult offenders.

Adolescent sex offenders, as a group, have a variety of severe family problems, including neglect and physical and sexual abuse. They also have greater academic and behavior problems, psychopathology, and social isolation. (Veneziano, 2002). Predictors of reoffense in adolescents differ somewhat from those found for adults. Specifically, increased risk for reoffense was associated with impulsivity, involvement with significantly younger children, younger age at first offense, shorter treatment stays, previous offending, and multiple and/or stranger victims. Increased risk for reoffense was associated with having a male victim, having been a sexual abuse victim, and multiple paraphilias. Compared to same-age-peer assaulters, child assaulters were younger, tended to have fewer overt behavior problems, were less likely to have age-appropriate sexual knowledge, and were less likely to have been sexually active. (Krauth, 1998, see Appendix B).

Research reveals significant differences between juvenile sex offenders and general juvenile delinquents. In general, juvenile sex offenders had fewer difficulties than general juvenile delinquents in family functioning, behavior, and social relationships, but they were also more likely to have been victims of sexual abuse.

### **Treatment of Juvenile Sex Offenders:**

Youth who are sexually abusive should be seen as a group clinically distinct from adult sex offenders and all of their developmental needs, and their problematic behavior, should be targeted in intervention. Unfortunately, the relevance to juveniles of characteristics deemed to be important with adult sex offenders is limited due to the complexity of developmental processes, particularly with respect to mental disorders and personality formation. As such, the formulation and implementation of treatment and risk management strategies that will be effective with juvenile sex offenders are challenging.

To reduce sex crimes and the risk of adolescent sexual re-offending, effective treatment strategies have to be implemented to address developmentally appropriate issues. Supervision and treatment recommendations for juvenile sex offenders initially emerged from the literature on adult sex offenders. Treatment must include behavioral therapy, family therapy, and psychosocial interventions. Pharmacotherapy is not always a first-line treatment. Antidepressants (especially selective serotonin reuptake inhibitors) offer promise in the treatment of adolescent sexual offending but further controlled studies are needed. In some rare situations, however, especially when severe paraphilic behaviors (such as pedophilia) are present, a hormonal intervention such as cyproterone acetate treatment may be needed. (Gerardin, 2004, see Appendix B). Differences between adult and juvenile treatment programs include electrical and hormonal therapies - adolescent sexual offenders are not recipients of these treatment modalities.

While there may be similarities between adults and adolescents who perpetrate sexual abuse, juvenile abusers face different developmental issues. Intervention for juveniles need to account for the effect on family and peer group relationships, educational, employment prospects, self-concept and self-esteem. Juvenile sexual offenders are at risk of deviant development. The risk of re-offending as adults is likely higher for adolescent sexual offenders who fail to deal with their developmentally relevant stages and attain the life-skills necessary in adulthood. Treatment methods should attempt to decrease the disruption of adolescent developmental stages in order to arrest deviant sexual offenses prior to adulthood. (Del Valle, 2000, see Appendix B).

## **Literature on Juvenile Sex Offenders**

### **Predicting recidivism in adolescent sexual offenders.**

Gerhold, Constanze K.; Browne, Kevin D.; Beckett, Richard; *Aggression and Violent Behavior*, Vol 12(4), Jul-Aug 2007. pp. 427-438.

#### **Abstract:**

The prediction of risk of sexual recidivism in adult sex offenders has been grounded on research identifying reliable markers or risk factors, the so-called static and dynamic variables. For adolescents such reliable factors in the prediction of risk of sexual recidivism have so far not been unequivocally revealed. The aim of this systematic review was to screen the available research literature for such factors. The results indicated that regarding static or historical risk variables some can be found repeatedly to be linked to sexual recidivism in adolescents such as previous offending and multiple or stranger victims. Considering dynamic variables there is much less documented evidence in the research literature possibly as a result of lack of adequate psychometric tools. Overall, regarding risk of sexual recidivism there continues to be a great need for research.

### **Juvenile Offenders and Sex Offender Registries: Examining the Data Behind the Debate.**

Craun, Sarah W.; Kernsmith, Poco D.; *Federal Probation*, Vol 70(3), Dec 2006. pp. 45-49.

#### **Abstract:**

This descriptive study is intended to discover if there are significant differences between juvenile and adult offenders on a sex offender registry. It is hypothesized that there should be no difference between registered juvenile and adult offenders in terms of offender race and sex, crime committed, or risk level assigned by the state. This study compared the characteristics of adult and juvenile offenders and their respective victims on the State of Texas sex offender registry. The presented descriptive analysis demonstrates that the adults and juveniles listed on the sex offender registry in the state of Texas differed in a variety of ways. Juveniles were more likely to commit offenses against male victims than were adult offenders. One weakness of this study is the calculation that had to be used to determine the age of the offender, using the age at date of disposition. Further examination can help clarify for both the public and public administrators the proper use of this law in its application to juveniles.

### **Exploring Consensus in Practice with Youth Who Are Sexually Abusive: Findings from a Delphi Study of Practitioner Views in the United Kingdom and the Republic of Ireland.**

Hackett, Simon; Masson, Helen; Phillips, Sarah; *Child Maltreatment*, Vol 11(2), May 2006. pp. 146-156.

#### **Abstract:**

This article presents the findings of a study exploring current levels of consensus among practitioners in the United Kingdom (UK) and the Republic of Ireland (ROI) about good practice in relation to youth who are sexually abusive. A three-stage Delphi procedure was used to survey the views of 78 practitioners, experienced in this field, on a range of matters relating to preferred responses to this population. The exercise indicated high levels of agreement that youth who are sexually abusive should be seen as a group clinically distinct from adult sex offenders and that all of their developmental needs, and their problematic behavior, should be targeted in intervention. A strong level of consensus was found among respondents about the goals and content of ideal practice with this user group, although there was less consensus about the theoretical models that should underpin practice.

### **Juvenile sex offenders: A complex population.**

Andrade, Joel T.; Vincent, Gina M.; Saleh, Fabian M.; *Journal of Forensic Sciences*, Vol 51(1), Jan 2006. pp. 163-167.

#### **Abstract:**

Individuals who engage in sexual offending behavior represent a heterogeneous population. Recent research has found some success in categorizing sexual offenders based on a number of variables, particularly the type of victim. For example, differences have been found between those offenders who victimize adults when compared with those who victimize children. However, the research in this area has been conducted predominantly with adult samples. As the adult sex offender literature

has progressed, it has become evident that risk assessment, treatment effectiveness, and risk management are dependent on such offender characteristics. Unfortunately, the relevance to juveniles of characteristics deemed to be important with adult sex offenders is limited due to the complexity of developmental processes, particularly with respect to mental disorders and personality formation. As such, the formulation and implementation of treatment and risk management strategies that will be effective with juvenile sex offenders are challenging. The goal of this paper is to review some of the complexities inherent in the juvenile sex offender population by focusing on specific areas of complication, including: classification systems, comorbid paraphilias and other mental illnesses, and maladaptive personality traits.

### **Legal Consequences of Juvenile Sex Offending in the United States.**

Letourneau, Elizabeth J.; In: *The juvenile sex offender* (2nd ed.). Barbaree, Howard E.; Marshall, William L.; New York, NY, US: Guilford Press, 2006. pp. 275-290.

#### **Abstract:**

This chapter reviews the application of special legislation designed for high-risk adult sex offenders to juvenile sex offenders and whether such applications are likely to have intended effects (e.g., reducing sexual recidivism) and/or unintended effects (e.g., reducing detection of juvenile sex offenders). Recent changes in legal procedures have resulted in significantly altered consequences to juvenile sex offenders. Specifically, many juvenile sex offenders are now required to register personal information on publicly available sex-offender registries. These registries are maintained by local or state law enforcement agencies and list offenders who have committed specific sexual crimes. Likewise, many juvenile offenders are also subjected to community notification procedures, in which persons external to law enforcement are informed about the specific sexual crimes of some youths. Per federal guidelines, registration and notification policies exclude juvenile offenders except for those youths prosecuted as adults. However, several states have extended registration and notification requirements to juvenile sex offenders.

### **Juvenile Sex Offenders: A Case Against the Legal and Clinical Status Quo.**

Letourneau, Elizabeth J.; Miner, Michael H.; *Sexual Abuse: Journal of Research and Treatment*, Vol 17(3), Jul 2005. pp. 293-312.

#### **Abstract:**

The past two decades have seen a movement toward harsher legal sanctions and lengthy, restrictive treatment programs for sex offenders. This has not only been the case for adults, but also for juveniles who commit sex offenses. The increased length and severity of legal and clinical interventions for juvenile sex offenders appear to have resulted from three false assumptions: (1) there is an epidemic of juvenile offending, including juvenile sex offending; (2) juvenile sex offenders have more in common with adult sex offenders than with other juvenile delinquents; and (3) in the absence of sex offender-specific treatment, juvenile sex offenders are at exceptionally high risk of reoffending. The available data do not support any of the above assumptions; however, these assumptions continue to influence the treatment and legal interventions applied to juvenile sex offenders and contributed to the application of adult interventions to juvenile sex offending. In so doing, these legal and clinical interventions fail to consider the unique developmental factors that characterize adolescence, and thus may be ineffective or worse. Fortunately, a paradigm shift that acknowledges these developmental factors appears to be emerging in clinical areas of intervention, although this trend does not appear as prevalent in legal sanctions.

### **Book Reviews: American Travesty: Legal Response to Adolescent Sexual Offending.**

Dorce, Daphne; Billick, Stephen Bates; *Journal of the American Academy of Child & Adolescent Psychiatry*, Vol 44(5), May 2005. pp. 502-503.

#### **[Review-Book] Abstract:**

In *American Travesty* (see record 2004-13837-000), the author, Franklin Zimring, skillfully analyzes data, prejudices, and legal policies related to juvenile sex offenders. His book keenly addresses who the juvenile sex offender is, what the laws and policies that govern our handling of

juvenile sexual misconduct are, and what the role of the juvenile courts is in the process. Zimring stimulates readers to stop and think of the overriding societal fears with regard to violent sex crimes and to reconsider the facile yet erroneous equation of juvenile to adult sex offenders. Fear, outrage, misperceptions, and poor use of laws designed for adults constitute the "American travesty" of his title. At the heart of the book are the review and dissection of the historical and empirical data in support for or against the perceptions underpinning the text. In addition, Zimring includes ample data to support his assertions that the number of juveniles arrested for sex offenses has remained stable over the past 25 years. The reviewers note that this is a valuable book because it helps to remind us that the solution to juvenile sex offending is different from that for adults.

### **Juveniles Who Commit Sex Crimes.**

Saleh, Fabian M.; Vincent, Gina M.; In: Adolescent psychiatry: Developmental and clinical studies, vol 28. Flaherty, Lois T.; Mahwah, NJ, US: Analytic Press, 2004. pp. 183-207.

#### **[Chapter] Abstract:**

Much of what we know about the manifestation, etiology, and prognosis for sexual offenders stems from research with adults. Despite the fairly high prevalence and harsh punishments for juvenile sexual offenders, the field still knows little about the course and roots of these behaviors in youth. Developmental differences in psychopathology and amenability to treatment highlight the need for separate etiological and treatment models when dealing with juveniles. This chapter reviews our current understanding of adult sex offending and contrasts this literature with our gaps in knowledge pertaining to juvenile sex offenders. We conclude with suggestions for future research and treatment strategies.

### **Epidemiology and Treatment of Juvenile Sexual Offending.**

Gerardin, Priscille; Thibaut, Florence. Pediatric Drugs, 2004, Vol. 6 Issue 2, p79-91, 13p, 1 chart **Abstract:**

The juvenile sex offender is defined as a youth who commits any sexual act with a person of any age against the victim's will, or in an aggressive, exploitative, or threatening manner. The term 'child molester' refers to those who choose only, or primarily, child victims. In this article, we mostly focus on adolescents aged between 13 and 18 years. To reduce sex crimes and the risk of adolescent sexual re-offending, effective treatment strategies have to be implemented for adolescent sexual offenders. Supervision and treatment recommendations for juvenile sex offenders initially emerged from the literature on adult sex offenders. Treatment must include behavioral therapy, family therapy, and psychosocial interventions. Pharmacotherapy is not always a first-line treatment. Antidepressants (especially selective serotonin reuptake inhibitors) offer promise in the treatment of adolescent sexual offending but further controlled studies are needed. In some rare situations, however, especially when severe paraphilic behaviors (such as pedophilia) are present, an hormonal intervention such as cyproterone acetate treatment may be needed.

### **Treating sex offenders: A guide to clinical practice with adults, clerics, children, and adolescents (2nd ed.).**

Prendergast, William E.; New York, NY, US: Haworth Press, 2004. xxi, 331 pp.

#### **Abstract:**

This second edition of my early work integrates adolescent and adult sex offenders and emphasizes similarities as well as differences in their personalities, behaviors, and, most importantly, their treatment. As in the first edition, case studies will be found throughout this work and hopefully will add clarity and emphasis to each type. I begin each section of every chapter of this book with adult sex offender factors, traits, treatments, and cases. At the end of each section, the child/adolescent sex offender is discussed in relation and in comparison. In addition, in the past twelve years, I have made additions and changes to some of the treatment techniques I use with sex offenders (and survivors) based on changes in their personalities and character that I have observed during this period of time. Each individual aspect of the makeup and treatment of the compulsive adult sex offender as well as the adolescent sex offender (as I have experienced them), whether in a residential setting or in my private practice, is explored. For each of the many treatment techniques,

its inception, the principles behind the technique, its evolution as the population changed, and its success and/or failures will be discussed. It is the author's hope that sharing the fumbling and errors that were made early in our experience (and continue at times to be made), will prevent other therapists from making the same errors. This applies especially in using techniques or principles that were tried in our years of immersion in this field and failed.

**Factors associated with recidivism in juveniles: An analysis of serious juvenile sex offenders.**

Miner, Michael H.; Journal of Research in Crime and Delinquency, Vol 39(4), Nov 2002. pp. 421-436.

**Abstract:**

This study used four Cox regression analyses to examine the predictors of reoffending in a sample of 86 male adolescents adjudicated delinquent for the commission of sexual offenses and treated in a corrections-based sex offender treatment program. The results indicate that the predictors of reoffense, when defined as an arrest, conviction, or parole violation for any new crime, differ somewhat from those found for adults. Specifically, increased risk for reoffense was associated with impulsivity, involvement with significantly younger children, younger age at first offense, and shorter treatment stays. Decreased risk for reoffense was associated with having a male victim, having been a sexual abuse victim, and multiple paraphilias. These factors were not all stable across analyses. This data indicate that the risk prediction methods used for adult sex offenders would not be appropriate for adolescent populations and that more research is needed before attempts are made to develop such tools for adolescents.

**Adolescent sex offenders: A review of the literature.**

Veneziano, Carol; Veneziano, Louis; Trauma, Violence, & Abuse, Vol 3(4), Oct 2002. pp. 247-260. [e]

**Abstract:**

Research over the past 20 yrs indicates that adolescent sex offenders account for a significant number of child sexual abuse perpetrators. Studies indicate that this group has a variety of severe family problems, including neglect and physical and sexual abuse. Academic and behavior problems, psychopathology, and social isolation tend to characterize adolescent sexual offenders. The research also indicates that juvenile sexual offenders are a heterogeneous population with diverse characteristics and treatment needs. A number of typologies have been developed to classify various types of offenders, but more empirical research is needed. Because of the diversity of the population, careful assessment is needed before treatment plans are developed and implemented. Most treatment programs have been modeled after treatment programs found to be effective with adult sex offenders, but new programs are aimed more specifically at juveniles. Based on the research, recommendations are made with respect to important target areas for treatment.

**Polygraph testing leads to better understanding adult and juvenile sex offenders.**

Hindman, Jan; Peters, James M.; Federal Probation, Vol 65(3), Dec 2001. pp. 8-15.

**Abstract:**

Reviews several previously unpublished research studies conducted by J. Hindman on the impact of polygraphy on adult and juvenile sex offenders' self-reports of offenses and history of personal victimization before vs after treatment. Methodologies involved self-report with vs without polygraphy or mention of polygraphy, and self-report vs polygraphy in the same S. Areas discussed include the prevalence and effects of sexual abuse, early offender studies, the sex-offender-as-victim paradigm, the Oregon studies, the prosecutor's conditional immunity agreement, polygraphy and the therapeutic process, juvenile offenders, victim gender, judicial recognition of polygraphy, immunity for incriminating statements, negotiated pleas, and conditional immunity for previously undisclosed crimes. This research suggests that adults will lie and understate their number of sexual crimes and history as a juvenile offender, and will lie and overreport childhood sexual victimization.

**Developmental differences and interventive similarities among male juveniles and adult sex offenders.**

Del Valle, Blanca; Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 60(9-B), Mar 2000. pp. 4882.

**Abstract:**

This dissertation focused on the need to join adolescent and adult literature sets on male sexual offender treatment programs. Currently both groups are receiving almost identical treatment modalities. Exceptions to the treatment are electrical and hormonal therapies-adolescent sexual offenders are not recipients of these treatment modalities. Irrespective of the treatment modalities applied, data indicates male sexual offenders commit an average of 380 offenses prior to conviction. Usually the offenders are well into adulthood by the time they are identified. Although 50 percent of these offenders began exhibiting deviant sexual behavior in their youth their transgressions and potential for sexual offensive behavior went unnoticed. This study indicates there is a need to identify alternative and more effective treatment modalities in the future to arrest this highly pervasive offender behavior. Currently, juvenile and adult literature on sexual offenses do not overlap, and offenders are researched as belonging to two different and distinct populations. While there may be similarities between adults and adolescents who perpetrate sexual abuse, juvenile and adult abusers face different developmental issues. This study stresses the importance of awareness of the assessment and treatment implications for juvenile offenders. Existing treatment programs many times fail to note the impact of the abuse on the continuing development of the abusive adolescent including the effect on family and peer group relationships, educational, employment prospects, self-concept and self-esteem. Juvenile sexual offenders are at risk of deviant development, and the risk of re-offending as adults is likely higher for adolescent sexual offenders who fail to deal with their developmentally relevant stages and attain the life-skills necessary in adulthood. Treatment methods should attempt to decrease the disruption of adolescent developmental stages in order to arrest deviant sexual offenses prior to adulthood.

**Sexual offense severity and victim gender preference: A comparison of adolescent and adult sex offenders.**

Aylwin, A. Scott; Clelland, Steven R.; Kirkby, Leslie; International Journal of Law and Psychiatry, Vol 23(2), Mar-Apr 2000. pp. 113-124.

**Abstract:**

Compared 434 adult male sex offenders admitted to inpatient treatment in a secure facility with 121 adolescent male sex offenders admitted to a community-based residential setting on a measure of the severity of their most serious offense based on a severity rating scale developed for the study. 362 adults and 104 adolescents who met the criteria for inclusion in the subgroup of child molesters were then compared for the analysis of victim gender. Results suggest that incarcerated adolescent sex offenders committed acts as serious or more serious than the crimes committed by the incarcerated adult sex offenders. The rate of same-sex child molestation was virtually identical for both adult and child adolescent offenders. The study provided evidence that suggests that adolescent child molesters assault with less regard to victim gender than do adult child molesters. Results underscore the need for comprehensive treatment for adolescent offenders.

**A comparative study of male juvenile sex offenders.**

Krauth, Allison Anne; Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 58(8-B), Feb 1998. pp. 4455.

**Abstract:**

Sexual offending in adolescents represents a significant social problem which has only recently come to the attention of researchers and society at large. Much of the previous research on adolescent sex offenders has been based on retrospective studies of adult sex offenders and clinical experiences. In addition, most studies have not used comparison or control groups to provide normative data. In the present study, a sample of 218 male adolescents who had been adjudicated for sexual offenses were compared with a sample of 200 other juvenile delinquents. In a second set of comparisons, the juvenile sex offenders were separated into groups based on whether subjects

victimized children or peers. Two-tailed t-tests and chi square analyses were used to examine a number of demographic, family, behavioral, and emotional variables which were hypothesized to differentiate sex offenders from other delinquents, and child sexual assaulters from peer sexual assaulters. Data analyses revealed 18 statistically significant differences between juvenile sex offenders and delinquents, and 21 statistically significant differences between child and peer sexual assaulters. In general, sex offenders had fewer difficulties than delinquents in family functioning, behavior, and social relationships, but they were also more likely to have been victims of sexual abuse. Significant differences were found in the ethnic backgrounds of child and peer sexual assaulters. Additionally, compared to peer assaulters, child assaulters were younger, tended to have fewer overt behavior problems, were less likely to have age-appropriate sexual knowledge, and were less likely to have been sexually active. Significant differences between child and peer assaulters were also revealed in the details of the sexual offenses. The implications of these findings and suggestions for future research on juvenile sex offenders were discussed.

**The treatment of youthful sexual offenders.**

Morenz, Barry; Becker, Judith; *Applied & Preventive Psychology*, Vol 4(4), Fal 1995. pp. 247-256.

**Abstract:**

Reviews the current knowledge of the characteristics, proposed etiologies, typologies, assessment protocols, and treatments for youthful sex offenders. Characteristics include family instability, violence, abuse, deficits in social competency, and low academic performance. The Interaction Model of Sexual Aggression and a continuum theory of sexual tactics are discussed as theories of etiology. Two taxonomic systems are considered: One describes 7 types of youthful sex offenders and the other assigns adult sex offenders to a rapist or child molester category and then to a narrower type. A pretrial type of assessment may include the juvenile's degree of psychopathology and social competence, assessment of the family, and the juvenile's response to treatment and risk to the community. Treatment focuses on denial and minimization of the offense, empathy for the victim, cognitive behavioral approaches, relapse prevention, and antiandrogen medication.

**The role of deviant sexual arousal in juvenile sexual offending: Etiology, evaluation, and treatment.**

Hunter, John A.; Becker, Judith V.; *Criminal Justice and Behavior*, Vol 21(1), Mar 1994. Special issue: The assessment and treatment of sex offenders. pp. 132-149.

**Abstract:**

Reviews the construct of deviant sexual arousal and its application to understanding juvenile sexual offending. In contrast to the relatively extensive investigation of deviant sexual interests in adult sex offenders, the juvenile offender literature is just beginning to emerge. Studies are reviewed relevant to the etiology of deviant sexual arousal in juveniles, its measurement, and attempts to alter such patterns through the application of cognitive-behavioral methodologies. The authors urge caution in comparing the etiology and clinical manifestation of deviant sexual behavior in juveniles and adults, and suggest that juvenile sex offenders represent a heterogeneous population with diverse evaluative and treatment needs.

**Treating the adolescent victim-turned-offender.**

Muster, Nori J.; *Adolescence*, Vol 27(106), Sum 1992. pp. 441-450.

**Abstract:**

Surveyed 18 professionals in the field of sexual abuse treatment on attitudes toward treatment of juvenile sex offenders and on preferences for confrontational vs sympathetic treatment in 3 age groups. These groups were child victims of sexual abuse who acted out sexually, juvenile sex offenders who were victims of sexual child abuse, and adult sex offenders who were victims of sexual abuse. Therapists in the corrections field were the greatest supporters of confrontational and punitive therapy methods, whereas the majority of Ss favored flexibility. Sympathetic methods were preferred with children, juveniles ranked equally for pro- and antisympathetic methods, and adults were least likely to receive sympathetic treatment.