

Expert report

SEXUAL ABUSE OF CHILDREN

Young sex offenders: A research overview

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Art no. 2001-123-17
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Preface

One of the tasks of the National Board of Health and Welfare is to support the scientific development of social services. It is doing so partly within the framework of a development project (the KUB Project) in which sexual abuse of children forms one of several thematic fields. Some 20 remits have been entrusted to experts in a variety of scientific fields. Their expert reports provide the National Board of Health and Welfare with documentation on which to base policy decisions concerning sexual abuse of children.

Dr Niklas Långström of the Division of Forensic Psychiatry, Karolinska Institute, Stockholm, has been commissioned by the National Board of Health and Welfare to compile a survey of current research concerning young sexual offenders, aimed among other things at providing a brief description of factors contributing towards the development of abusive behaviour.

Dr Långström's account has been reviewed by Bruno Hägglöf, Associate Professor of Child and Youth Psychiatry at the Norrland University Hospital, Umeå.

The report has been edited by the National Board of Health and Welfare.

We hope that this report will contribute to improved knowledge and understanding concerning both children's treatment needs and various models of treatment.

Under the rules applying to expert reports from the KUB Project, the authors alone are responsible for the content and conclusions presented.

Lars Pettersson
Deputy Director-General

Contents

Preface	3
Contents	4
Summary	5
The state of knowledge concerning young sex offenders	7
Young sex offenders are not a uniform group	7
How widespread is sex crime among young persons?	8
The victims of sex offences by young persons are often younger, related children	10
Is there a risk of sex offence recidivism?	10
Prominent characteristics of young sex offenders	12
The occurrence of psychiatric symptoms and diagnoses	12
A Swedish study of young sex criminals	15
Studies of sex criminals' own experience as victims of abuse	17
Prospective and retrospective research methodology	17
Early victimisation is common among those committing sex crimes	18
Most of those who are victimised do not themselves become abusers	19
A complex picture – important not to simplify the problems	20
Brief remarks on the treatment of young sex criminals	22
Research and knowledge production	24
References	25

Summary

A considerable proportion of all sexual offences are committed by young persons. Most of these crimes never come to the knowledge of the outside world, least of all to that of any public authority. Abusive behaviours by young sex offenders most often affects younger children closely connected to them. Their abusive acts is probably just as serious as that committed by adults.

Scientifically based knowledge concerning young sex offenders is for the most part derived from North American and British surveys. Young sex offenders are not a uniform group but are individuals with different backgrounds and personal characteristics. Certain young sex offenders, especially those examined in residential assessment and treatment centres, have problems, for example, in the form of behaviour disorder, learning difficulties and alcohol or drug abuse. Even if they differ little in this respect from young persons committing non-sexual offences and examined under similar conditions, these difficulties are important to address in interventions.

Some offenders – mostly those committing sexual offences against children – also have a limited capacity for social interaction and a lower level of aggression than other young offenders. Limited social capacity and isolation presumably augment the risk of a young person beginning to associate with young children and approaching them sexually. Interventions focusing on capacity for establishing and sustaining non-destructive relations are important element in the treatment of individual young sex offenders.

Also, non-sexual criminality is far more common among young sexual offenders than in the normal population. In this respect too, they resemble other young persons committing non-sexual crimes. There is some scientific data suggesting that persons who exhibit sexually abusive behaviours at an early age run an elevated risk of criminal recidivism, much like young persons exhibiting early onset antisocial behaviour.

Personal experience of sexual and physical abuse is probably one of many contributory reasons why certain children and young persons start committing sexual offences. There is, however, no scientific support for this or any other individual factor being a necessary or sufficient explanation to offending behaviour.

Sexually abusive behaviour has to be recognized in childcare, schools and social services, to reduce the risk of persistence of such behaviour. Early discovery and scientifically well-founded, effective treatment interventions

for young sexual offenders are highly important in the general struggle against sexual offences.

Although a good deal of the research and experience gained in other countries should be of use also in Sweden, more national research and treatment evaluations are needed.

The state of knowledge concerning young sex offenders

The review of research in this report is based on literature searches in two databases: PsycLIT and Medline. The account has been supplemented with other references known to the author. The documentation consists almost entirely of original and review articles published in international research journals up to and including the autumn of 1997. Articles not based on fundamental scientific principles, based on too small samples, dealing mainly with therapy techniques or being of a more discursive character have not been included in this overview. In addition, data from the present author's research project are presented.

It is important to remember that our present knowledge concerning young sexual offenders is primarily based on cases known by or judicial, social authorities. This being so, one should be careful generalising, on the strength of such cases, about young people's sexually abusive behaviour (cf. Vizard et al, 1995). Young sex offenders cannot be described as a uniform group of individuals, above all because sexually abusive behaviour is not a diagnosis but behaviour.

Young sex offenders are not a uniform group

Some times the upper age limit for "young" sex offenders is set at 17 years. In criminological research and statistics it is instead common to define "young" as up to the age of 20. A young perpetrator of sexual abuse is, for the purposes of this report, a person aged up to 20 when he or she (the term "he" will be used in the remainder of this report) commits abuse as defined in Chap. 6 of the Swedish Penal Code. Putting it simply, sexual abuse of this kind implies an approach of a sexual character, with or without physical contact, which is not voluntary on the part of the victim. The statutory definition of abuse also includes sexual intercourse between a person aged 16 or more and a child who is at least five years younger or, alternatively, has not reached puberty.

Most research concerning young sex offenders derives from American and British settings. Research and experience with young sex offenders in Sweden is limited and there have been very few scientific studies based on Scandinavian samples (see Barbaree et al, 1993; Vizard et al, 1995 for research overviews). Experiences from clinical work with young sex offenders exist, for example, in Kristianstad (Kjellgren, 1995) and at the Swedish Save the Children Boys' unit in Stockholm (Nyman & Svensson, 1995). Norway too has had experience of working with young offenders (Langfeldt). A doctoral thesis based on studies of 56 sex offenders aged 15

to 20 who underwent forensic psychiatric examinations between 1988 and 1995 was recently presented (Långström, 1999). That study describes the offenders' background, personality and risk for criminal recidivism, as well as the handling of these cases by various public agencies.

How widespread is sex crime among young persons?

According to statistics from American courts (quoted in Davis & Leitenberg, 1987; Fehrenbach et al, 1986), between 15 and 30 per cent of rapes against adults and 30-50 per cent of child sexual abuse of children are committed by offenders under the age of 18. According to current criminal statistics from the United Kingdom, 30 per cent of all convicted sex offenders are under age (cit. Dolan et al, 1996; Vizard et al, 1995). A contemporary British victim survey showed that 36 per cent of all sex offences against children had been committed by persons under the age of 18. In American surveys from the 1980s, more than half of all sexual abuse of boys and up to a quarter of sexual abuse of girls are estimated to be committed by older children (cit. Ryan et al, 1996).

Of the somewhat less than 600 persons convicted of sex offences in Sweden in 1996, 11 per cent were between the ages of 15 and 20 when the crime was committed. In comparison, 23 per cent of all crimes for which sentence was passed in 1996 were committed by young persons between the ages of 15 and 20 (BRÅ, 1997). In the survey conducted by the National Council for Crime Prevention (BRÅ) of all sexual offences against children reported in Sweden in 1984, 14 per cent of the suspected offenders were between 15 and 20 years of age (Martens, 1991).

Most of the young persons committing sexual offences are boys and young men. In several surveys, girls constitute at most 5 per cent of identified young persons committing sex offences (Dolan et al, 1996; Ryan et al, 1996). Knowledge concerning young female offenders, therefore, is based on small groups. The surveys suggest that crimes committed by females are less varied but just as serious as those by young male sex offenders.

A minority perpetrated; by of young sex offenders are very young, under 12 years of age, when they first exhibit sexually abusive behaviour. For a long time the adult world has had difficulty in relating to this group and has perhaps even denied its existence (Johnson, 1988). Knowledge in Sweden of children who are under 15 when they commit sexual offences is also limited because according to Swedish law persons below the age of 15 are not criminally responsible.

Most estimates of the extent of sexual crime among young persons are probably underestimates; because the disposition to report sexual offences to the police is very low and is probably lower still in the case of abuse committed by young persons. In many countries, moreover, the formal

possibilities of investigating and registering offences committed by young sex offenders are limited (Vizard et al, 1995). The proportion of young persons among all sex offenders in Sweden is low by international standards, which may be partly caused by the conditions, briefly mentioned here.

The victims of sex offences by young persons are often younger, related children

In an American study of more than 1,600 young persons who had committed sexual offences, the average offender was 14 years old (Ryan et al, 1996). The average victim age was six years and there were twice as many female as compared to male victims. Young sex offenders most often choose victims who are younger than they are. The victims are female to at least the same extent as the victims of adult offenders (Fehrenbach et al, 1986; Richardson et al, 1995; Dolan et al, 1996).

Most of the victims are known to the young offender – they are relatives and acquaintances (Awad & Saunders, 1989; Fehrenbach et al, 1986; Ryan et al, 1996). In a study of about 40 children with sexually abusive behaviour aged between 4 and 13, Johnson (1988) showed that all of them knew their victims. The latter were on average two years younger than the offenders themselves and were their own siblings in half the cases.

In the Swedish study of 56 sex offenders aged between 15 and 20 who had undergone forensic psychiatric examination (Långström, 1999), the following facts emerged:

- The 56 offenders committed sexual offences against 88 known victims on at least 392 known occasions.
- The median age of the offenders was 18, that of the victims 13.
- More than three-quarters of the offenders had chosen female victims only.
- More than half the offenders sexually abused a victim they knew.

In addition, 70 per cent used physical coercion or violence to control their victim. Eighty per cent committed abuse, involving attempted or completed oral, genital or anal penetration.

The BRÅ survey of reported sexual offences against children in Sweden, suggested young sex offenders often penetrated their victims (Martens, 1991). The author remarks, however, that this reporting is probably incomplete, since it is likely that only the more brutal forms of sexually abusive behaviour between young persons that come to the knowledge of the outside world.

Is there a risk of sex offence recidivism?

Surveys of adults who have committed sex crimes show that a considerable proportion of them relapse into further crime. A survey of just over one hundred adult offenders showed that about half of them were teenagers when they committed their first sex offence (Groth et al, 1982). The proportion of recidivists was no less than 80 per cent. In a Canadian study of

more than 400 adult sex criminals, just under a quarter had been indicted for or convicted of serious sex crimes before the age of 18 (Knight & Prentky, 1993). Up to half of adult sex offenders state that they have had deviant sexual fantasies before the age of 18 or 20 (Abel et al, 1985; Marshall et al, 1991).

According to several major North American studies (Fehrenbach et al, 1986; Ryan et al, 1996), the majority of young sex offenders commit their first offence before they are 15. In a study by Ryan and associates (1996), 26 per cent of all persons referred for assessment had displayed sexually abusive behaviour before they were 12.

Several studies point to a connection between sexually abusive behaviours during adolescence and established abusive behaviour in adulthood. (Abel et al, 1985; Groth et al, 1982; Knight & Prentky, 1993; Marshall et al, 1991; Rubinstein, 1993).

Prominent characteristics of young sex offenders

Experience from several well-founded attempts at dividing sex criminals into “typologies” suggests that they are not readily divisible into such distinct categories. A basic division of offenders according to the age of their victims, however, has proved to be clinically meaningful. Thus individuals who have abused victims under 15 are often separated, which in several countries agrees with the statutory minimum age for consent to sexual intercourse.¹

A more feasible approach seems to be to assess the extent that certain characteristics or behaviours are present in the offender. Americans Raymond Knight and Robert Prentky (1993) have, with reference to *adult* individuals with sexually abusive behaviour, shown the following four factors to form a meaningful basis of classification for sex offenders choosing victims aged both under and over 15:

- The extent and focus of sexual fantasies, e.g. including violence, degradation or sexual activities with children.
- The occurrence of other antisocial personality traits and behaviours, e.g. manipulation, lack of empathy, impulsiveness, violence and irresponsibility.
- The extent and purpose of criminally associated aggressiveness, e.g. to facilitate the crime or to torment the victim.
- Social competence.

Pending research findings about the motivational forces behind sexual offences specifically in young offenders, there are reason to suppose that these factors are also important for the assessment and treatment of young sex offenders (Vizard et al, 1995).

The occurrence of psychiatric symptoms and diagnoses

Ryan and associates (1996) found that a majority of young sex offenders had learning difficulties or behavioural problems in school. Among young persons in a child psychiatric clinic, Adams and colleagues (1995) found

¹ It should be emphasised in this connection that the choice of young victims is not automatically the same as paedophilia. Paedophilia (according to the DSM-IV diagnostic system, American Psychiatric Association, 1994), implies *enduring* sexual fantasies or actual abuse involving children who have not reached puberty, committed by a person aged at least 16.

that those displaying sexually abusive behaviour had more often received special education and more often had behavioural problems compared with other patients at the clinic. In other North American surveys, a large proportion of young sex offenders placed in residential assessment and treatment centres had both previous and current psychiatric symptoms and diagnoses (Awad et al, 1984; Awad & Saunders, 1989; Lewis et al, 1979). Previous psychiatric treatment had occurred with young offenders in 30-46 per cent of all cases in a number of Anglo-Saxon studies (Awad & Saunders, 1989; Dolan et al, 1996; Ryan et al, 1996).

Difficulties at school and psychiatric symptoms, however, are not more pronounced among young sex offenders than among matched young offenders committing other, non-sexual crimes (Awad et al, 1984; Lewis et al, 1979).

Although some of the young sex offenders have deviant sexual fantasies and interests, few of them fully satisfy diagnostic criteria of “paraphilia” as per DSM-IV (an established of deviant pattern of sexual desire). Judith Becker (1988) maintains that young sex criminals as a group probably include both persons suffering from true paraphilia, e.g. paedophilia, and persons whose impulse control is reduced, for example, by hyperactivity syndrome and conduct disorder as per DSM-IV.

Conduct disorder

Conduct disorder as per DSM-IV (i.e. a pervasive pattern of violation of others and norm transgressions in the form of aggressive, destructive or deceitful behaviour) occurs in 50-90 per cent of young sex offenders (Dolan et al, 1996; Richardson et al, 1995; Shaw et al, 1993). In one study, conduct disorder was appreciably more common among offenders who had chosen equally old or older victims than among those who had instead abused younger children. Shaw and colleagues (1993), when comparing two groups of young boys with conduct disorder and, with and without sexually abusive behaviour, respectively found no difference between the two groups in terms of aggressiveness or psychiatric symptoms.

In their study of adult sex offenders whose criminal sexual behaviour had started before the age of 18, Knight and Prentky (1993) showed that those who had been arrested by the police during their teens differed from those who had committed sexual offences as teenagers without being caught. Those who had been caught early on by the police had difficulties relating to attention, motor skills, speech and learning, were more impulsive and aggressive and displayed more pronounced general antisocial behaviour – obvious signs of conduct disorder. The authors maintain that these persons are probably over-represented among those arrested for sex offences during adolescence, for the simple reason that their generally impulsive and criminal behaviour made them known to the police.

Since our knowledge concerning sex crime among young persons is based principally on those offenders who have come to the knowledge of judicial

and other public authorities, we risk a general overestimation of the occurrence of certain background factors and distinctive characteristics among young sex criminals.

Social capacity and aggressiveness

It has sometimes been argued that sexual abuse committed by young people is generally an expression of clumsy attempts by inexperienced, poorly informed individuals to establish sexual relations. A generalisation of this kind is contradicted by the fact that up to half the young sex offenders have earlier experiences of consensual sexual relations (Becker et al, 1986; Ryan et al, 1996). Some researchers have found that young sex offenders are considered less aggressive than age-matched violent criminals (Blaske et al, 1989; Kempton & Forehand, 1992). They may also have lower social competence and are more socially isolated than age-matched individuals who have committed non-sexual crimes (Awad et al, 1984; Blaske et al, 1989; Katz, 1990). Carpenter et al (1995) found in a small group of young offenders, that those who had sexually abused children had more pronounced social skill deficits than those who had selected victims their own age. Fehrenbach and associates (1986) discovered that the degree of social isolation was connected with the severity of the sexual crimes committed by young offenders – the higher the degree of isolation, the more severe offence.

Substance abuse

The occurrence of alcohol and drug abuse among young sex offenders has not been systematically described. Up to 15 per cent are said to have been under the influence of alcohol or drugs at the time of committing the abuse. One distinct exception is provided by a study of teenagers who had committed rape, nearly three-quarters of whom stated that they had been under the influence of alcohol or drugs when the crime was committed (Vinogradov et al, 1988).

Intellectual ability and neuropsychological problems

Intellectual handicaps are not over-represented among young sex criminals as compared with matched young violent criminals (Vizard et al, 1995). Neuropsychological difficulties have been inadequately studied, but in two studies they appear to be common and as frequent as among young violent criminals (Lewis et al, 1979; Tarter et al, 1983).

Diagnostic difficulties

The psychiatric and psychological diagnose applied clinically varies to a certain extent between child and youth psychiatry and adult psychiatry (the latter of which can also be said to include forensic psychiatry). In child psychiatry, for example, the diagnoses of personality disorder and sexual disorder have, for several reasons, been more sparingly used than in adult psychiatry. On the other hand, very little is known concerning the occurrence of child neuropsychiatric diagnoses among young sex offenders, e.g. attention deficit/hyperactivity disorder (ADHD), DAMP (which in

addition to ADHD symptoms also involves difficulties with motor control and perception), Asperger syndrome and Tourette syndrome. These diagnoses have been less well known (and probably also more difficult to apply) among those working with older teenagers and young adults. The existence of such partially separate diagnostic “cultures” complicates our understanding of and communication about young persons committing both sex offences and other types of crime. Probably, therefore, there are benefits to be gained from attempting to utilise and integrate the knowledge possessed by both these diagnostic cultures on the subject of antisocial behaviour.

Previous crimes

In a comprehensive study of more than 1,600 young sex offenders from all over the USA, 63 per cent had committed previously known non-sexual crimes (Ryan et al, 1996). Other studies show lower figures for non-sexual crimes. In two studies (Dolan et al, 1996; Fehrenbach et al 1986), just under 30 per cent and 58 per cent respectively were known for sexually abusive behaviour before committing the crime, which brought them into contact with the investigative agency. In the BRÅ survey of all sex offences against children reported to the police in 1984 (Martens, 1991), more than 40 per cent of the young offenders had previous convictions for at least one other crime, though none of them for a sexual offence.

A Swedish study of young sex criminals

In a Swedish study of 56 young sex offenders who underwent forensic psychiatric assessment (Långström, 1999), 52 per cent had been in contact with child and adolescent psychiatry or adult psychiatry before committing the crime, which occasioned the forensic psychiatric examination. One-third of these had had this kind of contact during the year preceding the crime. Two-thirds of all the young offenders had received special education in school and nearly half clearly performed below average in school. Nearly half of these young sex offenders had been given a probable or confirmed diagnosis of conduct disorder before they were 15. In connection to the forensic psychiatric examination, personality disorder was diagnosed in 75 per cent of all offenders, meaning that they had an enduring pattern of pervasive difficulties with, for example, impulse control, social relations, realistic thinking and emotional responses. Intellectual disabilities were no more common than in the normal population.

Fifteen per cent of the young sex offenders were known to be abuse alcohol or drugs at the time of the crime. Altogether just over a quarter were clearly under the influence of alcohol or drugs when the abuse was committed.

Half of the offenders had been previously convicted of a non-sexual crime, mainly property destruction and theft, but exhibited also assault. Sixteen were known by the authorities to have previously sexually abusive behaviour; eight had even been convicted on this account. Even so, it was

unusual for professionals to co-operate on follow-up and treatment. There were only a couple of cases where instructions specifically focused on the sexually abusive behaviours.

Within four to five years after completing their sentence, 65 per cent had been convicted of a new crime and 20 per cent for new sexual offences.

Studies of sex criminals' own experience as victims of abuse

Reference is sometimes made to the “vicious circle” of violence, meaning that young persons who have themselves been traumatised are more likely to subject others to sexual or other violence. Various surveys have indeed shown that sex criminals include a large proportion who have themselves been victims of abuse. At the same time well-designed studies have clearly shown that the great majority in whom traumatisation has been confirmed will *not* actually commit sexual offences themselves (see below, and Widom, 1989; Widom & Ames, 1994).

Prospective and retrospective research methodology

When studying whether a certain background factor is of importance, for example, for abusive sexual behaviour, there are a few of basic conditions, which ought to be satisfied. Above all, one must compare one's population with a control group. In addition, it is an advantage if a study can be made prospective. In a prospective study, the control group must consist of persons *without* the particular background factor whose importance on a certain outcome is to be investigated. After a time, one checks how the individuals in both the control and the experimental group have fared. In this way firmer conclusions can be made concerning the strength of a possible connection between, for example, sexual traumatisation during childhood and abusive sexual behaviour in adolescence.

Retrospective, as opposed to prospective, studies entail higher risks of people forgetting, consciously denying, minimising or blocking the recollection of possible experiences of abuse (Adler & Schultz, 1995; Svedin & Back, 1996). Barbaree and associates (1993) have also suggested that sex offenders occasionally elaborate or distort their background history with the aim of playing down their own responsibility.

At first sight it may seem difficult to reconcile the report of up to 82 per cent of young sex offenders stating in retrospective studies that they have been abused themselves, with the fact that only 4-6 per cent of those with confirmed traumatisation in the prospective study by Widom & Ames (1994) were registered for sex crimes as adults. Let us, then, make a simple comparison. Rather few people use life jackets when boating. We know that nearly everyone who has drowned has not been wearing a life jacket (retrospective study). If instead we choose to study everyone who sits in a boat without a life jacket (prospective study), then of course we will find

that only a very small proportion of these people drown while boating. The reason for these large differences is that a combination of several factors is involved when someone has drowned (or committed sexual abuse). Individual factors such as the drowned person's swimming proficiency, degree of intoxication and clothing (including the presence or absence of a life jacket) interact with such environmental factors as rough weather, darkness, cold water and the presence of other people in the vicinity who can rescue the person in the water.

Early victimisation is common among those committing sex crimes

In British and North American studies, the proportion of young sex criminals who have themselves been sexually victimised during childhood or adolescence has varied between 18 and 82 per cent (see, for example, Adams et al, 1995; Barbaree et al, 1993; Vizard et al, 1995). This wide variation is due to several factors. Firstly, the sampling procedure and the definition of abuse make a difference. Given a wide definition, more subjects will reply that they have been abused.

Secondly, it seems as though previous sexual traumatisation is commoner among sex offenders who have been sentenced to in-patient psychiatric care or prison than among those who are outpatients or on probation. The care alternative to be considered for an individual offender will of course depend on the severity of the crime and the risk of recidivism.

Thirdly, the timing of the question is pivotal. Studies have shown that sex offenders are not inclined until later on in the course of care and treatment to talk about their own victimisation, possibly because they choose not to tell their story until they have acquired confidence in a therapist or other members of staff. Then again, initially certain sex criminals do not regard sexual acts between adults and children, e.g. in the original family, as abuse. In the course of therapy, however, they may come to realise that sexual excesses did actually occur during their childhood or adolescence. Lastly, it has been found that victims often under-report even objectively confirmed personal experience of abuse (e.g. Svedin & Back, 1996; Widom & Shepard, 1996; Widom & Morris, 1997). Access to official documentation, such as social service and court records, can therefore result in the incidence of sexual victimisation in a survey population turning out to be higher than self-reports would have suggested.

A personal experience of physical violence, neglect or witnessing violence within the family during childhood and adolescence occurs in up to half of all young sex offenders. According to two surveys, however, experiences of this kind are not more common than among matched young perpetrators of non-sexual offences (Awad et al, 1984; Lewis et al, 1979). In contrast, a study of young persons committing sexual offences against children found that they had more often experienced violence and physical abuse during

their childhood and adolescence than young perpetrators of violent crime (Ford & Linney, 1995).

Knight and Prentky (1993) found that adult offenders whose career as sex criminals had begun before they were 18 had more often themselves been sexually traumatised than those who did not become sex criminals until they were adults. In studies by Johnson (1988) and Cooper et al (1996) of children with sexually abusive behaviour, a larger proportion of boys displaying sexually abusive behaviour before the age of seven had been sexually traumatised themselves, than among those who were older when they began committing sexual abuse. According to two studies, young offenders who had themselves been sexually traumatised also abused more victims and were more disposed to commit abuse against victims of both sexes (Becker & Stein, 1991; Cooper et al, 1996). Worling (1995) found, similarly, that young persons who had chosen a male victim tended to considerably more often have been subjected to sexual abuse themselves. Dolan and associates (1996), on the other hand, did not find that young sex criminals who had been traumatised differed regarding previous and current sexual offending.

Widom and Ames (1994) showed that the children who had been subjected to physical abuse – not the sexually traumatised – presented an especially elevated risk (almost eight times greater than for the control group) of acquiring a record in adulthood for a more violent sexual crime, i.e. rape.

Smith (1988) found in a study of 450 young sex offenders that violence and abuse in their original families were related to serious sexual crimes, even if the offenders themselves had not been directly subjected to abuse. These findings suggest that serious sex crimes are more often committed by young persons who have themselves been subjected to abuse.

In an 8-year prospective study of a small group of young male sex criminals, they were found to have an elevated risk of both new sex crimes and of violent crime, compared with a control group of young violent criminals. All those committing repeated sexual crimes in adulthood had themselves been sexually abused (Rubinstein et al, 1993).

In a small study of *girls* between the ages of 4 and 13 with sexually abusive behaviour, all of them had themselves been sexually victimised (Johnson, 1989). McClellan and colleagues (1997) showed that girls with mental problems and sexually abusive behaviour had almost without exception been subjected to prolonged sexual abuse.

Most of those who are victimised do not themselves become abusers

In a large American study, more than 900 children, all of who had been subjected to (legally) confirmed sexual or physical traumatisation and

neglect were followed up to adult age. These children came from socio-economically disadvantaged environments, and their criminal records were compared with the corresponding data for a control group of classmates who, as far as was known, had not been victimised or neglected (Widom & Ames, 1994).

The results of the study showed that physical and sexual victimisation as well as neglect all entailed a heightened risk of recorded sexual offending in adult age. When gender, age at the time of victimisation and ethnicity were controlled, the risk of sexual crime was found to increase by four-five times among those sexually abused and among those physically abused, but only twice for those who had been neglected. It is important to note that the increase in the risk of a criminal record was small, from less than 2 per cent for the control group to about 4-6 per cent for those who had been subjected to abuse or neglect. No reliable connection emerged between the various features of their personal sexual victimisation, such as age at the time of the abuse, the occurrence of penetration and relation to the offender, and adult risk of acquiring a criminal record.

Thus more than 90 per cent of all victimised individuals had no record of sexual crime as adults. Experience of this kind, in other words, is *not* a very good predictor of personal abusive behaviour.

Watkins and Bentovim (1992) describe how sexually abusive behaviour is triggered with different degrees of ease in different individuals, depending on the cumulative occurrence of other, simultaneously interacting risk factors. Important factors of this kind at individual level are impaired capacity for social interaction and empathy, poor impulse control and limited cognitive abilities. Family factors such as social isolation and a sexualised or violent family climate are also likely to have an effect.

In summary, personal experiences of sexual and physical abuse is probably one of many contributory causes of the onset of sexual abuse by certain children and young persons, but there is no scientific support for this or any other individual factor being a necessary or sufficient explanation (Becker & Hunter, 1997; Vizard et al, 1995).

A complex picture – important not to simplify the problems

Naturally, the data reviewed here should not lead to any playing down of the scientifically well-founded fact of abuse and neglect being harmful to children. Our society must provide scientifically based initiatives for the prevention of child abuse and effective forms of treatment for both victims and perpetrators, to alleviate harmful effects and reduce the risk of further crime. Personal experience of trauma, where it occurs, is considered to be one of several important foci of therapy with young offenders (Ryan et al, 1996; Vizard et al, 1995). However, despite the justifiably strong feelings

aroused, by various forms of child abuse, we should avoid simplifying what is a complex problem picture.

Brief remarks on the treatment of young sex criminals

There is some scientific support for the theory that young sex criminals, once they have been discovered and confronted with their abuse, are more disposed than adults to admit it (cit. Vizard et al, 1995). Confession improves the possibilities of treatment, and in an overview of effective forms of treatment for sexual abusers, it is claimed that young persons can be easier to treat than older subjects (Hall, 1995).

There is a distinct shortage of controlled studies of effective interventions for young sex offenders, even though hundreds of therapy programmes are in progress all over the western world. Vizard and associates (1995) underline the importance of continued development of effective forms of treatment for young sexual offenders. One urgent task concerns the systematic evaluation of the contribution made by different forms of treatment in preventing recidivism.

The only study with a control group to be published hitherto compared the therapeutic effect of psychodynamically oriented individual therapy with so-called multisystemic therapy (Borduin et al, 1990). The latter comprised individualised measures to reduce denial and increase empathy with the victim, training in the development of age-adequate, non-destructive social relations and structuring family therapy. Eight teenage sexual offenders were randomly allotted to each form of treatment and followed up after an average of three years. Multisystemic therapy led, with statistical reliability, to fewer cases of recidivism than psychodynamic individual therapy. The study suffers from the limitation by the number of persons treated being small and the follow-up time relatively short. Treatment evaluations will have to be performed with larger groups and longer follow-up times before any firm conclusions can be drawn.

These preliminary findings, however, agree with the conclusions drawn from larger overviews of effective treatment for other forms of antisocial behaviour and aggressiveness in youth (Fransson & Armelius, 1996). According to these, the treatment must begin by focusing on the problem behaviour. Among other things it should include impulse control training, cognitive restructuring of the thoughts and attitudes underpinning the criminal disposition, social skills for training the offender himself and structured work with the young person's family. Treatment programmes of this kind have acquired widespread acclaim internationally (Becker & Hunter, 1997). In Sweden, a group therapy model based on certain of these scientifically founded principles is under construction (see Kjellgren, 1999, in the series of reports published by the National Board of Health and

Welfare). The efficacy of psychodynamically inspired forms of therapy has, up till now, not received very strong scientific support in the treatment of antisocial behaviour in young persons (Fransson & Armelius, 1996).

Research and knowledge production

Research concerning young sex offenders is still at an early stage. Although many studies have been carried out, there are still a number of gaps in our knowledge. These gaps should be made an object of future research. We may note, for example, that quite a number of descriptive surveys have been published, whereas well-motivated, hypothesis-testing studies have, until now, been less common.

Continued population-based (epidemiological) research on normative and deviant sexuality among children and young persons is needed, especially on the question of how abusive behaviours originate and develop. Well-designed therapy studies in which control groups receiving a different treatment have been included appear especially needed. Similarly, more surveys should be carried out of sub-groups of sex offenders with different risk and factors for their abusive behaviour. In this way, different intervention initiatives could be adapted more adequately to the individual characteristics of the offender.

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