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CSPV FACT SHEET

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Juvenile Sexual Aggression

It is estimated that there are somewhere between 250,000 and 300,000 cases of child sexual abuse each year and over one third of those cases are committed by someone under the age of 18. Juvenile sexual aggression is defined by age: adolescent sexual offenders who are 13-17 and commit illegal sexual behaviors as identified by jurisdictional statutes. Sexually harmful behavior by juveniles can range from excessive experimentation to serious sexual assault. The research, legal options and clinical resources for understanding and treating juvenile sex offenders (JSOs) have been evolving over the past decade. The current body of research on juvenile sexual aggression suggests:

- A majority of juvenile sexual offenders offend solely against children.
- Most sexual victims are abused by someone known to the child or the child's family. Victims are most likely to be female acquaintances or siblings; rarely are they strangers.
- Most JSOs are males but females commit approximately 20% of the sex offenses against children. Females account for 1% of forcible rapes committed by juveniles and 7% of juvenile arrests for sex offenses, excluding prostitution.
- There are many different factors which are associated with sexually offending behavior in youth and these factors can vary from one individual to another. However, JSOs typically have difficulties with impulse control and judgment, high rates of learning disabilities and academic dysfunction and/or may have some form of diagnosable mental illness.
- There is no specific family profile of a JSO. Family characteristics are diverse and may or may not be dysfunctional.
- The first offense is most likely to occur when the perpetrator is about 13 or 14 years old.
- Most offenses could be construed as coercive rather than violent.
- Serious delinquency, drug and alcohol abuse, and interpersonal aggression are relatively uncommon among teens who molest only younger children; however there has been a high prevalence of conduct disorder in some samples of JSOs.
- Adolescent male child molesters tend to be shy if not socially isolated, lack self-esteem, and are aroused to children but are attracted to girls their own age.

- Being a victim of some form of abuse or neglect increases the likelihood of sexual offending in adolescence. But, most JSOs do not appear to have been sex abuse victims and most victims of child abuse do not become perpetrators.

- Juvenile rapists vary considerably from juvenile child molesters. They use threats, force and violence, are likely to have suffered from parental neglect, and are less prone to social isolation. There is little evidence of antisocial personality or lifestyle. However, they have been found to show arousal to aggressive sex, harbor condescending and adversarial attitudes toward women, and are likely to have used alcohol prior to the assault.

- According to National Youth Survey (NYS) data, a national probability sample of youth, among those who self-reported a sexual assault, 92 percent had previously committed a (non-sexual) aggravated assault and property crime. Less aggressive crimes against persons tended to precede both. Forcible rape was the final act in a developmental progression. Other antecedents of sexual violence included minor delinquency and substance use.

- Most males who sexually abuse younger children do not re-offend, at least not sexually, during the 5-10 years following apprehension.

- JSOs who have been institutionalized are more likely to reappear in court than those who have not been institutionalized.

- JSOs differ from adult sex offenders in several ways: they are more responsive to treatment than adult sex offenders, have fewer victims, engage in less serious offenses, do not exhibit deviant sexual arousal or fantasy behavior, are not sexual predators or have long-term tendencies to commit sexual offenses.

- Most JSOs are treated in short, outpatient group treatment programs. Many can safely remain in their communities and attend school during treatment.

Treatment options for juvenile sex offenders have multiplied over the years and we are learning more about what kinds of interventions are successful. Most programs use a combination of cognitive-behavioral treatment and relapse prevention strategies. Treatment outcomes have varying rates of success depending upon the type of offender, the treatment program and other interventions used. Most successful treatments involve a multidisciplinary team involving treatment practitioners and probation or parole officers who are responsive to the individual differences of offenders.

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