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**MONOGRAPH
SERIES N^o 2, 1999**

**CLINICAL CHARACTERISTICS OF AUSTRALIAN JUVENILE SEX
OFFENDERS: IMPLICATIONS FOR TREATMENT**



**COLLABORATIVE
RESEARCH UNIT**

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ISBN for this volume: 0 7347 6121 X

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Key Words: Juvenile sex offenders, offence characteristics, profiling, forensic reports, Juvenile Justice

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Collaborative Research Unit

The Collaborative Research Unit (CRU) is a Department of Juvenile Justice initiative arising from the Burdekin Report into the Rights of the Mentally Ill. The unit is run in collaboration with major universities and research institutions in New South Wales.

The establishment of the unit underscores the importance of researching the impact of various sentencing options on violent and sexual offending. In so doing, it accords with the recommendations of the report of the NSW Legislative Council Standing Committee on Social Issues into Youth Violence.

The primary objectives of the CRU are:

- to foster the development of a body of knowledge about clinical service programs for young offenders that is informed by current research findings;
- to promote services based on these findings that are culturally appropriate for the Australian client population; and
- to evaluate and modify such programs in the light of the ongoing research findings.

These objectives are operationalised through the CRU Steering Committee whose membership consists of two departmental representatives and senior academics from twelve major universities and research institutions in New South Wales. Members of the Committee and departmental staff (the Department employs a research psychologist) work in partnership to research the area of adolescent offending.

The Department of Juvenile Justice currently runs a series of eight specialist clinical programs for young offenders whose offending behaviour is located towards the more serious end of the offending continuum. These programs consist of the Sex Offender Program, the Violent Offender Program, the Forensic (Assessment) Program, the Alcohol and Other Drugs Program, the Detention Centre Based Psychological Program, the Young Women in Custody Program, the Robinson Program (for boys under 16 who become very difficult to manage while in detention), and community based counseling program called the Intensive Programs Units. Data gathering, program monitoring and evaluating these programs constitutes the core of the CRU research agenda. Other research, which informs the provision of clinical services to young offenders, goes to make up the remainder of the agenda.

The CRU, through its association with various universities, also provides research opportunities for postgraduate students both from Australia and overseas, who are interested in the area of adolescent offending. The CRU constitutes the professional resource centre for the department. It is the site of the professional development program for psychologists and counsellors, it maintains the clinical library and its staff assist in research and resource inquiries from both within the department and from outside.

Acknowledgements

The NSW Department of Juvenile Justice's Collaborative Research Unit wishes to acknowledge the collaboration and support of the University of Sydney and the University of New South Wales in facilitating this research project.

Appreciation is also expressed to the members of the Collaborative Research Unit's Steering Committee for their comment and advice on the research project.

The authors also wish to acknowledge the assistance of the staff of the Sex Offender Program, Catherine Brennan for typing and layout work, Ann Callen for proofreading and Sharryn Ryan for legal advice.

CRU Monograph Series – Number 2

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OFFENDERS: IMPLICATIONS FOR TREATMENT**

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**Collaborative Research Unit
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1999**

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Abstract

A systematic analysis of the most prevalent developmental and clinical features of Australian juvenile sex offenders has not been previously undertaken. The purpose of this study was to evaluate a series of pre-sentence reports of a sample of juvenile sex offenders with the aim of developing the first developmental and clinical profile of Australian juvenile sex offenders. The contents of 70 reports representing juvenile sex offenders in contact with the New South Wales Juvenile Justice Department for the period 1996 to 1998 were analysed according to a structured protocol developed by the authors.

The protocol assessed variables of aetiological and clinical relevance, including developmental, cognitive, educational, psychosexual, and psychosocial factors. The profile findings identified juvenile sex offenders in New South Wales as having problems across multiple domains of functioning, including intra-personal, social, educational and sexual. The findings provide a clear mandate for the development of treatment programs that are intensive, multi-systemic, and multi-modal in order to address the wide-ranging problems that are related to the propensity for sexual offending in this group.

Introduction

Available data on juvenile sex offender characteristics emanate from selected samples of incarcerated adolescent and adult sex offenders in the United States of America (Davis & Leitenberg, 1987; Henggeler & Borduin, 1995; Gray, Pitchers, Busconi & Houchens, 1999) and the United Kingdom (Manocha & Mezey, 1998; Vizard, Monck & Misch, 1995). It is yet to be established that Australian juvenile sex offenders are comparable to their international counterparts with respect to significant psychosocial characteristics and their treatment needs. From a treatment perspective, it is necessary to demonstrate that such similarities exist before programs developed overseas can be justifiably and effectively applied to Australian juvenile sex offenders.

To maximise the effectiveness of early intervention programs, it is imperative that treatment models designed by the NSW Department of Juvenile Justice match the specific needs of subgroups of offenders particularly with regard to their developmental age, cultural needs, psychological profile and other contributing etiological factors. Such client-treatment responsivity has been identified as a crucial determinant of successful programs for young offenders (Andrews & Bonta, 1994). To achieve this, it is important to identify characteristic offender profiles, and to ensure that appropriate and comprehensive risk-related diagnostic data are uniformly incorporated into pre-sentence reports that will, in addition to assisting courts determine appropriate penalties, guide magistrates in referring juvenile sex offenders to appropriate rehabilitative treatment programs.

The purpose of this study was to analyse a series of juvenile justice pre-sentence reports to compile a developmental profile of Australian juvenile sex offenders, to compare such profiles with comparable overseas populations, and to discuss the implication of the findings in relation to management and treatment intervention strategies.

Methodology

Seventy pre-sentence assessment reports written by NSW Department of Juvenile Justice Sex Offender Program (SOP) counsellors between January 1996 and January 1998 constituted the primary data source for the study. Reports prior to January 1996 were excluded because their format varied significantly from the subsequent more structured and detailed report format. Reports were drawn from all 20 custodial and community Juvenile Justice Centres in New South Wales where such assessment reports were completed to assist magistrates dealing with juveniles presenting before the Courts on criminal charges of a sexual nature.

Data contained in the reports for each offender were coded according to a structured protocol developed by the senior author in collaboration with the co-authors. The major coding categories were considered of

theoretical and/or clinical significance and covered detailed demographic information, offence characteristics, developmental and family background, education and/or employment history and psychosexual development.

Reports were coded and evaluated by an experienced research psychologist (second author) from the Department of Juvenile Justice. The coding task required the categorical rating of the presence of specific characteristics contained in the report. To ensure reliability of analysis, 30 reports were randomly selected and coded

independently by two raters. Inter-rater reliability using Cronbach's alpha was calculated at .85. Subsequently, the second author coded all remaining reports.

Information contained in the counsellor's reports was drawn from multiple sources; the offender (98.6%), his mother (71.4%), police reports (60.0%), court depositions (58.6%), and his father (45.7%). Additional sources included school personnel/school records (33.0%), psychologist/psychiatrist (23.0%), and the Department of Community Services (19.0%). The majority of reports (n=62; 88.6%) included data derived from between three to six informant sources. Four reports (5.7%) had fewer than three, and four greater than six informants.

Results

Developmental and Family Background

Both biological parents were the primary care givers for 34 (48.6%) juveniles. Twenty-two juveniles (31.4%) were living with single mothers or other sole primary female care giver, and 13 (18.6%) were living with single fathers or other sole primary male care giver.

Biological mothers were identified as the primary female care givers for 56 (80.0%) juveniles, with grandmothers (8.6%), adoptive mothers (2.9%), and others (eg aunt, elder sister) (4.3%) taking on this role for the remaining 15.7% of the sample. In three cases, no primary female care giver was identified. Biological fathers were identified as the primary male care-givers for 47 (67.1%) juveniles. Of the remainder, grandfathers (12.9%), step-fathers (10.0%), and adoptive fathers (2.9%) were identified as the primary male care giver, and in nine (12.9%) cases, no primary male care giver was identified.

Table 1 indicates the extent to which the sample were known to be exposed to physical, emotional, or sexual abuse, together with details of the perpetrators, during their early development and/or currently (at the time the report was written). Missing values may constitute a possible source of under-statement of abuse, given the rates reported in overseas samples. Just over half (n=40; 57.1%) the group had no history of abuse recorded on their profiles.

Table 1: Abuse Experiences of Young People Charged with Sexual Offences

Types of Abuse Experienced	Developmental		Current	
	*Number	%Sample	*Number	%Sample
Physical Abuse				
Mother	4	5.7		
Father	10	14.3	3	4.3
Other	6	8.6		
Emotional Abuse				
Mother	11	15.7	6	8.6
Father	9	12.9	3	4.3
Other	2	2.9	1	1.4
Sexual Abuse				
Mother	1	1.4		
Father	4	5.7		
Familial	2	2.9		
Extra-familial	7	10	1	1.4
Neglect	14	20	2	2.9

*Multiple response data

Of the 30 who had abuse data recorded, 13 (43.3%) had one, and the remaining 17 (56.7%) had two (3; 1%), three (7; 23.3%), four (5; 16.7%), or five (2; 6.7%) types of abuse recorded in their developmental histories. At the time of the report, 10 (14.3%) also had current abuse recorded.

Table 2: Family Risk Factors Young People Charged with Sexual Offences

Types of Abuse Experienced	Developmental		Current	
	*Number	%Sample	*Number	%Sample
Domestic Violence	12	17.1	1	1.4
Marital Discord	25	35.7	8	11.4
Depression Maternal	4	5.7	2	2.9
Paternal				
Alcoholism Maternal	11	15.7	6	8.6
Paternal				
Psychiatric Inpatient or History of Mental Illness Maternal	3	4.3	1	1.4
Paternal	4	5.7	4	5.7
Offending Parental	5	7.1	2	2.9
Sibling	2	2.9	3	4.3
Mobility Family	24	34.3	10	14.3
Personal	3	4.3	3	4.3
Unemployment Maternal	3	4.3	4	5.7
Paternal	3	4.3	7	10
Parental Death	1	1.4	4	5.7

*Multiple response data

Table 2 summarises the family risk factors known to be present during the young person's early development and/or current situation. Note that missing values may constitute a possible source of under-statement of risk. A third (n=24; 34.3%) of the group had no developmental risks that were captured by existing assessment methods and reporting.

A number of the young people in the sample had been exposed to multiple family risk factors. For the 46 for whom data were recorded on this variable, 17 (37.0%) had one risk factor, and the remaining 29 (63.0%) had between two (11; 23.9%) and six (4.3%) risk factors recorded. Seventeen (24.3%) had been removed from home by the Department of Community Services. At the time of the report, 50% of the group continued to be exposed to one (18; 25.7%), two (11; 15.7%), or three (6; 8.6%) risk factors.

Neuropsychiatric, Educational & Employment History

The developmental milestones of the majority of the 62 juveniles (n=47; 75.8%) for whom data were available were described as normal. However, of the remaining 15, eight (12.9%) had experienced birth trauma, five (7.1%) had congenital abnormalities, three (4.3%) had a history of head injury/seizures, and two (3.2%) had experienced

developmental delay. Three (4.8%) had been coded on more than one characteristic. None had experienced a major illness.

For the 44 juveniles for whom information on intelligence was available, two (4.5%) were classified as superior; 31 (70.4%) were classified as average; nine (20.4%) as borderline (mildly intellectually handicapped); and one (2.3%) as intellectually handicapped. For the 43 young people for whom data were available on academic achievement, one (2.3%) was exceeding expected achievement relative to IQ; 16 (37.2%) were achieving as expected from IQ; and 26 (60.5%) were underachieving relative to IQ. For the 35 juveniles for whom data on learning difficulties were coded, 17 (48.6%) had experienced special school placement; 18 (51.4%) had learning problems/learning disabilities; six (17.1%) had been diagnosed with Attention Deficit Hyperactivity Disorder; and 19 (54.3%) were considered immature or delayed in their emotional development. Fifteen (42.9%) of the group had been diagnosed with more than one learning or emotional difficulty.

The profile examined behavioural characteristics and peer relationships at both primary and secondary school. Tables 3 and 4 summarise the findings.

Table 3: Behaviour at Primary and Secondary School of Young People Charged with Sexual Offences

Behaviour at School	Primary		Secondary	
	*Number	%Sample	*Number	%Sample
Cooperative	10	14.3	9	12.9
Disruptive	14	20	25	35.7
Fighting	4	5.7	16	22.9
Vandalism			5	7.1
Physical Abuse of Teachers			2	2.9
Physical Abuse of Peers	1	1.4	8	11.4
Verbal Abuse of Teachers			7	10
Verbal Abuse of Peers	2	2.9	9	12.9
Suspension	4	5.7	20	28.6
Expulsion	1	1.4	9	12.9

*Multiple response data

Table 4: Peer Relationships at Primary and Secondary School of Young People Charged with Sexual Offences

Types of Relationships at School	Primary		Secondary	
	*Numbe	%Sample	*Numbe	%Sample
	r		r	
Accepted by Peers	20	28.6	24	34.3
Teased by Peers	2	2.9	5	7.1
Intimidated/Bullied by Peers	5	7.1	6	8.6
Subject of Racial Attacks	1	1.4	1	1.4
Subcultural Group Membership			4	5.7
Gang Membership	2	2.9	12	17.1
Isolate (Little Peer Contact)	17	24.3	27	38.6
Much Younger Peers (>3 Years Difference)	3	4.3	7	10.0
Much Older Peers (>3 Years Difference)	1	1.4	4	5.7

*Multiple response data

A third (n=24, 34.3%) of the sample had experienced frequent (ie more than two changes) of schools, and 19 (27.1%) had a documented history of truancy. At the time the report was written, 40 (57.1%) of the young people were students, of whom eight (11.4%) were studying in custody; 26 (37.1%) were unemployed, and four (5.7%) were in part time or casual employment.

Presentation and Personal History

For the 41 young people for whom information was recorded on this factor, low self-esteem was identified as a major feature of the presentation of 26 (63.4%) boys, followed by poor social skills (n=21; 51.2%); and feelings of powerlessness (n=17; 41.5%). Feelings of emptiness characterised the presentation of six (14.6%) and an exaggerated sense of self-worth and entitlement was evident in the presentation of nine (21.9%) boys. Twenty-three (56.1%) were coded on more than one characteristic, of whom 11 (26.8%) were coded on two, nine (22.0%) on three, and three (7.3%) on four characteristics. Mann Whitney U tests found that those juveniles who were rated with more than one negative personality characteristic were more likely to have had a greater number of developmental (z=-1.97; p=.04) and current risk factors (z=-1.95; p=.05) (see Table 2 for risk items) than those who were coded with only one negative personality characteristic.

Comorbid conditions were another major feature of the presentation of a significant number of this group of young sex offenders. Of the 51 for whom a comorbid condition was coded, 36 (70.6%) had more than one comorbid condition. Table 5 summarises the major comorbid conditions for the sample.

Table 5: Comorbid Conditions of Young People Charged with Sexual Offences

Comorbid Condition	*Number	%Sample
Substance Abuse	23	32.9
Alcohol Abuse	22	31.4
Risk Taking Behaviours/Impulsivity	21	30.0
Nonsexual Offending/Delinquency	20	28.6
Nonsexual Antisocial Behaviour	16	22.9
Suicidal Ideation/Suicidal Attempts	9	12.9
Depression	8	11.4
Nonsexual Violent Offending	5	7.1
Conduct Disorder	2	2.9
Other	19	27.2

*Multiple response data n=70

Table 6: Inter-correlations of Comorbid Factors

	Alcohol abuse	Non-sexual antisocial behaviour	Depression	Conduct Disorder	Non-sexual offending/delinquency	Risk-taking behaviours/impulsivity	Substance abuse	Suicidal ideation/suicidal attempts	Non-sexual violent offending
Non-sexual antisocial behaviour	.291*								
Depression	-.050	-.089							
Conduct Disorder	.253*	-.093	.477***						
Non-sexual offending/delinquency	.525***	.484***	-.028	.081					
Risk taking behaviours/impulsivity	.295**	.238*	-.039	.075	.414***				
Substance abuse	.706***	.271*	-.060	.245*	.433***	.405**			
Suicidal ideation/suicidal attempts	.108	-.006	.264*	.190	.040	-.158	.095		
Non-sexual violent offending	.171	.377***	-.100	-.048	.439***	.061	.278*	.059	

*p < .05; **p < .01; ***p < .001

Substance and alcohol abuse co-occurred in the majority of these subgroups: 18 (81.8%) of the 22 juveniles who abused alcohol were also involved in substance abuse. Alcohol and substance abuse were strongly associated with each other and with nonsexual offending and delinquent behaviours. Many of the substance and alcohol abusers also demonstrated other behavioural and emotional difficulties, including conduct disorder, depression,

and suicidal ideation or attempts. Table 6 presents the comorbid factors observed in this sample and their intercorrelations.

Psychosexual Development

Limitations created by the current report format resulted in the collection of relatively sparse data on this feature. Noteworthy, however, are the findings that 15 (21.4%) of offenders were known to have been exposed to pornographic movies or videos, and 11 (15.7%) were known to have experienced sexual victimisation. Two (2.9%) had been exposed to models of sexual coercion within their families, and a further five (7.1%) had been exposed to models of sexual coercion outside the family. It is likely that there is significant under-reporting of these issues in the reports, which is a valuable finding that points to necessary changes in the way that assessment data needs to be collected.

Discussion

The majority of juvenile sex offenders in this study were living with one or both of their parents and in most cases the mother or the father was identified as the primary female or male care giver. A primary male care giver could not be identified in three times as many cases as that for the primary female care givers.

Previous studies have reported that the majority (70%) of juvenile sex offenders were living with both parents at the time of the offence (Ryan, 1997). In contrast, this study found that fewer than half the sample were living with both biological parents.

Between a fifth to a third of the young people sampled had been exposed to risk factors including physical abuse, exposure to marital discord and domestic violence, parental alcoholism or drug abuse, and familial mobility.

Consistent with overseas data, sexual abuse (O'Callaghan & Print, 1995) and/or physical abuse (Dolan, Holloway, Bailey & Kroll, 1996; Lewis, Shanok, & Pincus, 1981; Van Ness, 1984), domestic violence (Boone-Hamilton, 1991; Smith, 1988), and a deviant sexual environment (Richardson, Graham, Bhate & Kelly, 1995) which are frequently cited in the profiles of juvenile sex offenders, were also prominent in the profiles of the current sample. It is likely, however, that data from the current report formats under-estimate the true rate of exposure to risk factors these young people experience. This may be due, in part, to report writing practices. Those writing pre-sentence reports may assume that the Court is already aware of important factors that may contribute to a young person's offending.

Some information regarding a young person's background may have already been covered at trial or by a Department of Community Services report, rather than in a Sex Offender Program pre-sentence report. This practice is of course not acceptable, and every attempt to ascertain and place these details before the Court should be made. In addition, adolescents may experience such factors in their backgrounds and not perceive them as abnormal or abusive. As a consequence, they may not report them to the assessor. Moreover, the young person may be ashamed or feel that they cannot trust the counsellor enough during the assessment phase to disclose this information. This is particularly likely in certain cultural sub-groups and constitutes a potential training issue for assessors.

Adolescents may not appreciate the relevance of such information to their disposition and court outcome and are therefore unlikely to mention it during an assessment. Similarly, their care givers may be reluctant to disclose adverse family characteristics or circumstances. However, reports based on data from multiple informants combined with relevant collateral data may mitigate factors contributing to under-estimation. The prevalence of serious developmental and family risk factors in the profiles of juveniles sex offenders is disturbing and further research needs to be undertaken regarding the family experiences of adolescent sex offenders.

Disrupted attachment, an expected outcome of exposure to adverse family circumstances such as maternal or paternal alcoholism, neglect and abuse is a known precursor to many psychological difficulties, including severe psychopathology (Atkinson & Zucker, 1997), loneliness and problems with relationships (Bartholomew, 1990; Ward, Hudson, Marshall, & Siegert, 1995).

Insecure attachment has also recently been identified as a vulnerability factor associated with disruptive behaviour and crime (Fonagy, et al, 1997), criminality in general and sexual offending in particular (Smallbone & Dadds, 1998).

Family experiences and environment are powerful putative and maintaining factors in sexual aggression in the same way that the family environment of juvenile violent offenders (measured by the Moos rating scale) was found to be a significant factor in the development and maintenance of violent offending (Johnston, Brennan & Keogh, 1998).

Case management and treatment planning should, where possible, incorporate work with families into treatment plans using a multi-systemic intervention model (Henggeler & Borduin, 1995). In many cases, however, families do not co-operate with treatment. In situations where there is ongoing violence and abuse, finding alternative accommodation for the young person may be a better option than working with the family.

Murphy, Haynes and Page (1994) have suggested that when young offenders are compared with appropriate control groups, a history of sexual victimisation is one of the few distinguishing factors between the groups. However, prevalence estimates vary widely, for example, 23% (Becker, Kaplan, Cunningham-Rathner, and Kavoussi, 1986) 39% (Ryan et al, 1996), and 81% (Friedrich & Lueke, 1988) depending on when and by whom the information is sought (Emery & Laumann-Billings, 1998).

Self-disclosure of sexual abuse by juvenile sex offenders is unlikely to occur during initial assessments, but is more likely to be revealed in an ongoing therapeutic relationship during treatment. Reported rates based on initial assessment data therefore probably under-estimate the extent of sexual abuse experienced by this group (Graham, 1996). Most recently, research by Gray et al (1999) has demonstrated the significance of sexual victimisation and other forms of victimisation on subsequent sexual offending. In this study, sexual abuse was known to occur in 20% of cases. The availability of multiple sources of data from multiple informants for this study reduces the problem of under-estimation. However, it is still likely that some cases of sexual abuse have gone undetected, and this estimate needs to be treated cautiously.

The majority of the young people in this sample were likely to be underachieving at school and encountering school-related and/or learning difficulties. School problems manifested in behavioural difficulties, poor academic performance and troubled peer relationships. These problems became more prominent in secondary school. This

is consistent with data collected on British samples (Dolan et al 1996). Over one third of the young people in this study were described as disruptive, and 25% were reported to be engaged in physical fighting at school. One third had been suspended, and thirteen percent had been expelled from school at one time or another. Academically, half had a learning disability, and a quarter were considered to be functioning at the level of mild or moderate intellectual handicap. Almost half of the sample had received special school placement. Attention Deficit Hyperactivity Disorder (ADHD) had been diagnosed in nearly a fifth of the group. Peer relationships were also problematic in secondary school with many described as isolates, gang members, or associates of peers three or more years younger than themselves.

There are frequent reports in the literature of educational difficulties (Vizard, et al, 1995), problematic peer interactions (Awad & Saunders, 1989), social anxiety, social withdrawal and social isolation (O'Callaghan & Print, 1995), truancy, and comorbid conditions such as conduct disorder (Dailey, 1996; Ryan, 1993). The majority of these studies estimated the rate of such difficulties at about 50% (Fehrenbach, Smith, Monastersky, & Deisher, 1986; Langevin, Marentette & Rosati, 1996; O'Callaghan & Print, 1995). These characteristics and their frequency correspond to those found in this study.

Low self-esteem, poor social skills, and feelings of powerlessness were evident in the presentation of a significant proportion of the sample. The data indicated that boys from backgrounds with a greater number of risk factors were also more damaged in their psychosocial development. Other comorbid behavioural problems were also a feature of the profiles studied. For example, for the subgroup who were abusing alcohol and/or drugs (82% abused both substances), more than half were engaged in delinquent and/or other impulsive or risk-taking behaviours, and 18% were suicidal. There was also a highly significant association between substance abuse and non-sexual offending. This association is not surprising since offending often finances the substance abuse (Copeland, Howard, Reidler & Keogh, 1999).

The highly significant correlation between Conduct Disorder and depression is noteworthy, since depression can often be overlooked in adolescents who are acting out. Similar findings have been reported elsewhere. In the Hagan, King and Patros (1994) study, for example, adolescent sex offenders had a high incidence of co-morbid emotional and behavioural problems. Lewis et al (1981) found a range of psychiatric disorders in a group of juvenile sex offenders. Kavoussi, Kaplan and Becker (1988) found conduct disorder was the most likely common diagnosis in a group of adolescent sex offenders, and was present in 75% of rapists and 38% of other sexual offenders. Becker, Kaplan, Tenke and Tartaglino (1991) found appreciably higher levels of depressive symptomatology in sex offenders than would be expected amongst other juvenile offenders. In the current study those exhibiting high levels of alcohol and other drug use as well as those involved in risk-taking behaviour could be seen to be depressed even though psychiatric diagnoses were not adequately canvassed.

There was inadequate information regarding psychosexual development and sexual preference in the reports coded for this research. This information is not relevant to the decision by a Court regarding the disposition of a young person, that is, in deciding whether a young person should be incarcerated or not. Yet such factors could be relevant if they were found to be predictive of re-offending and every effort should be made to adjust reporting practices to include such information.

Currently, there are several hundred programs for adolescent sex offenders in the USA. Treatments that have been offered to adolescent sex offenders have been based on the literature regarding the treatment of adult offenders,

most notably cognitive behavioural treatments and relapse prevention approaches. However, successful treatments (eg Henggeler & Borduin, 1995; Ryan, 1993) have emphasised the importance of intervening with families, peers and school, as well as focussing on the development of basic interpersonal skills in addition to the behavioural components (eg Lakeys review article, 1994). There is relatively little research into 'what works' with adolescent offenders, but the most significant outcomes for adolescents have been achieved with treatments that are substantially different in their approach from treatments used with adult offenders. There is, however, evidence that group treatments are most effective with adolescent offenders (Davis & Leitenberg, 1987).

The current research represents a contribution to the relatively small international database on juvenile sex offenders that further inform and aid practitioners to develop new, or to amend existing treatment services that will better serve the needs of Australian juvenile sex offenders.

This sample of juvenile sex offenders, on the basis of available evidence, do not appear to be significantly different from other sex offender samples. This suggests that treatments developed overseas may be appropriate for Australian offenders. Notwithstanding this global finding, subsequent research on a larger data set following amendments to data collection procedures to address the missing data noted in this report may reveal additional important information. The protocol according to which the reports were analysed covered issues that have been documented in the literature as relevant to adolescent sexual offending. Information on these areas should therefore be covered in any assessment with a young person. This research can thus provide a basis upon which a semi-structured interview may be designed for use in both Court and treatment assessments

Importantly, this study does reveal adolescent sex offenders in New South Wales to be a heterogenous group who face many personal, educational and psycho-social challenges. Many of the comorbid factors were highly correlated, indicating the multi-problem presentation of this sample of juvenile sex offenders. This composite picture should be supplemented with studies collecting national data to form the basis for the development and/or sentencing options and treatment programs for this client group. The issues suggest important foci for a treatment program that is non-punitive, intensive and multi-systemic. The current Department of Juvenile Justice Juvenile Sex Offender Program seeks to address all the systems which may impact upon a young persons offending, such as school and family, while stressing the offenders accountability with respect to their offending behaviour. Dolan et al (1998) have highlighted the extent of victimisation and poor personal adjustment as areas that warrant further investigation. Our study would also indicate this. Lakey (1994) has emphasised the importance of tackling denial, stressing responsibility, distinguishing between the offence and the offender, and addressing individual motivations.

In the NSW jurisdiction, offenders are not sentenced according to their treatment needs but in accordance with a criminal justice system. This means that their sentences frequently do not allow for an adequate length of treatment whilst they are clients of the Juvenile Justice system. This is problematic given that there are limited treatment options in the community and that without treatment offenders are likely to re-offend even if they are not detected and charged. Currently, juvenile sex offenders are under-serviced and may be at risk for recidivism. Offenders in the USA, for similar reasons, have taken unsuccessful class action against government regarding inadequate treatment options. Once offenders leave the Juvenile Justice system there are few opportunities for continuing treatment. In the case of sex offenders it is clear that treatment is not only indicated but remains the only likely means of reducing recidivism. Based on these data indicating the extent of the problems experienced by

these young people, it would appear that a review of the sentencing and disposition arrangements for juvenile sex offenders is warranted.

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