

NCSBY Fact Sheet

What Research Shows About Adolescent Sex Offenders

This Fact Sheet was developed to provide practitioners and professionals with basic information about adolescent sex offenders. The information is based on the most current and available research and it should be noted that research in this area continues to be limited. The first section briefly reviews the research on adolescent sex offenders and the second section describes issues related to community safety and supervision.

Review of Research on Adolescent Sex Offenders

- Adolescent sex offenders are defined as adolescents from age 13 to 17 who commit illegal sexual behavior as defined by the sex crime statutes of the jurisdiction in which the offense occurred.
- Adolescents do not typically commit sex offenses against adults, although the risk of offending against adults increases slightly after an adolescent reaches age 16.
- Approximately one-third of sexual offenses against children are committed by teenagers. Sexual offenses against young children, under 12 years of age, are typically committed by boys between the ages of 12 to 15 years old.^{1,2}
- Adolescent sex offenders are significantly different from adult sex offenders in several ways:
 - Adolescent sex offenders are considered to be more responsive to treatment than adult sex offenders and do not appear to continue re-offending into adulthood, especially when provided with appropriate treatment.³
 - Adolescent sex offenders have fewer numbers of victims than adult offenders and, on average, engage in less serious and aggressive behaviors.⁴
 - Most adolescents do not have deviant sexual arousal and/or deviant sexual fantasies that many adult sex offenders have.^{5,6}
 - Most adolescents are not sexual predators nor do they meet the accepted criteria for pedophilia.⁷
 - Few adolescents appear to have the same long-term tendencies to commit sexual offenses as some adult offenders.
 - Across a number of treatment research studies, the overall sexual recidivism rate for adolescent sex offenders who receive treatment is low in most US settings as compared to adults. Adolescents who offend against young children tend to have slightly lower sexual recidivism rates than adolescents who sexually offend against other teens.⁸
- Adolescent sex offenders rates for sexual re-offenses (5-14%) are substantially less than their rates of recidivism for other delinquent behavior (8-58%).^{9,10,11}



- Adolescent sex offenders commit a wide range of illegal sexual behaviors, ranging from limited exploratory behaviors committed largely out of curiosity to repeated aggressive assaults.
- The characteristics of adolescent sex offenders are also very diverse.¹²
 - Some are otherwise well-functioning youth with limited behavioral or psychological problems.
 - Some are youth with multiple non-sexual behavior problems or prior non-sexual juvenile offenses.
 - Some are youth with major psychiatric disorders.
 - Some come from well-functioning families; others come from highly chaotic or abusive backgrounds.
- Contrary to common assumption, most adolescent sex offenders have not been victims of childhood sexual abuse.^{13,14}

Community Safety and Supervision Issues

- There is general agreement that adolescent sex offenders should be processed through the juvenile justice system as it can provide documentation for future use and provide broader sentencing options.
- Adolescent sex offenders should be subjected to the normal juvenile probation supervision requirements.
- Most adolescent sex offenders pose a manageable level of risk to the community. They can be safely maintained in the community under supervision by probation officers and be treated in outpatient treatment programs.³ However, a minority pose a danger to the community and require residential or custodial placement to ensure community safety.
- It is important to identify higher risk youth in order to make the most effective placement decisions. There is currently no scientifically validated system or test to determine exactly which adolescent sex offenders pose a high risk for recidivism. Mental health professionals and treatment staff typically overestimate the possibility of recidivism in evaluations, labeling far more teenagers as high risk than is actually accurate.^{15, 16} In predicting risk to the community, it is usually appropriate to assume that an adolescent sex offender is relatively low risk unless there is significant evidence to suggest otherwise. Low risk does not imply the absence of risk, and low-risk offenders still need supervision and treatment. The following factors are important to consider in evaluating risk:
 - A history of multiple sexual offenses, especially if any occurs after adequate treatment.
 - A history of repeated non-sexual juvenile offenses.
 - Clear and persistent sexual interest in children.
 - Failure to comply with an adolescent sexual offender treatment program.
 - Self-evident risk signs such as out-of-control behavior, statements of intent to re-offend, etc.
 - Family resistance regarding supervision and compliance, (e.g., the youth needs to be supervised by appropriate adults in the home and community and the adults need to make certain the youth complies with probation and treatment requirements).
- Decisions about whether an adolescent sex offender should remain in the same home with the victim of his or her offense should be made carefully on a case-by-case basis. The decision may involve input from a variety of professionals within and outside of the juvenile justice system (e.g., child protection workers, therapists, etc.).
- For the adolescent sex offender who commits sexual offenses against young children, additional supervision requirements should be considered. The following suggested rules should be adapted for the specific adolescent's family:
 - No baby-sitting under any circumstances.
 - No access to young children or potential victims without direct supervision by a responsible adult who is aware of the problem.
 - No authority or supervisory role over young children (e.g., in school, church or job activities).
 - No possession or use of sexually explicit, "x-rated," or pornographic materials.

- These rules do not preclude most ordinary daily activities, such as going to school, church, stores, or restaurants with family, or involvement in age-appropriate and appropriately supervised peer activities.

Although there are safety and supervision issues that need to be addressed with this population, it is crucial to remember that adolescent sex offenders are different from adult sex offenders. The **National Center on Sexual Behavior of Youth** will continue to develop information on the subject of adolescent sex offenders and also on children with sexual behavior problems for professionals who work with these specialized populations.

Additional information about adolescent sex offenders and children with sexual behavior problems is available from the **National Center on Sexual Behavior of Youth**, www.ncsby.org.

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This Fact Sheet was prepared through the **National Center on Sexual Behavior of Youth** at the Center on Child Abuse and Neglect, University of Oklahoma Health Sciences Center and was authored by Mark Chaffin, PhD, Barbara L. Bonner, PhD, and Keri Pierce, MPH, MSW. This project is funded by grant number 01-JR-BX-K002 from the Office of Juvenile Justice and Delinquency Prevention (OJJDP), US Department of Justice.

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