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AN EXPLORATORY STUDY OF
ADOLESCENT PERPETRATORS OF
CHILD SEXUAL ABUSE

by

Leonard Douglas Kushnier

A thesis submitted to
the Faculty of Graduate Studies through the School of
Social Work in partial fulfillment of the requirements
for the degree of Master of Social Work at
The University of Windsor

Windsor, Ontario, Canada

August, 1989

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ABSTRACT

This research project explored the problem behavior of male adolescents who have sexually molested children. An extensive survey of the literature confirmed that the state of knowledge encompassed only a beginning understanding of the factors that contribute to the etiology of the perpetrator, and that no clear cut treatment of choice existed.

Focussed in-person interviews were conducted with a research sample consisting of fifteen male adolescents ranging between 12 and 18 years of age. The subjects had come to the attention of a Southwestern Ontario Children's Aid Society after sexually molesting younger children.

The subjects' self-reports and face sheet data provided information on the following: the characteristics of the sample, the nature of their sexually abusive behavior, the significance of the sexual abuse to them, their perceptions of their own intrafamilial relationships, and their attitudes and preferences towards therapy.

The major findings of this study were: (a) The adolescent perpetrators identified by the Children's Aid Society were not representative of the populations described in the literature; (b) a third of the abusers were in babysitting roles, while the others were involved with

younger siblings, a relative, or children in the neighbourhood; (c) the subjects were lacking in empathy and remorse for the victims, understanding of and responsibility for the criminal aspects of their behavior, and any insight into the motivation for their actions, (d) only one-fifth of the subjects were themselves molested as children, (e) almost all of the subjects reported no significant problems with their own families, and (f) most of the subjects and their families were supportive of some form of therapeutic intervention.

A number of treatment directions arising from the findings were offered. It was recommended that preventive programs address the risks of sexually aggressive behavior by young people, particularly male babysitters, and untreated male victims. Finally, suggested areas for future research were outlined.

DEDICATION

To my father in loving memory

Joseph Kushnier

October 31, 1978

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Special thanks are due to the young men and their parents who shared their experience with the researcher. Their participation was beneficial to the study and to others who may yet receive a truer form of help.

My children, Emerald and Bradley, deserve mention as their computer games gave way to endless text. Finally, my most heartfelt thanks go out to my wife, Elisabeth Jensen, for her enduring patience, and loving support.

CHAPTER I

An Overview of Sexual Abuse by Adolescents

The Purpose of this Study

The purpose of this study was to obtain information which would contribute to a better understanding of the problem behavior of male adolescents who have sexually molested children. The researcher was confronted with the following major question: What are the treatment issues for the adolescent perpetrator of child sex abuse which will direct the social work practitioner to effectively intervene in this problem area? The information being sought was focussed around a number of research questions directed at (1) the individual characteristics of the population, (2) the behavioral characteristics of the abuse, (3) intrafamilial relationships and social functioning, and (4) attitudes towards therapeutic intervention. It was expected that this information would provide guidance for intervention by social work practitioners, and stimulate the development of hypotheses for further research.

The Context of the Problem

The French cultural historian Philippe Aries has said that this century appears to be the "century of adolescence" (1975, p. ix). This was in large part a reference to their dominant influence on fashion, entertainment and many social institutions, particularly in the industrialized world. According to Esman (1975), the early psychological study of adolescence found a fertile field in the two issues of sexual development and interpersonal conflict. Tragically, both issues have surfaced in an alarming form of child abuse; namely, the sexual victimization of children by adolescents.

Child sexual abuse is a serious social problem facing many societies. It is defined as the involvement of children by adults and juveniles, in sexual behaviour or activities designed to stimulate a child sexually or to use a child for the sexual stimulation, either of the perpetrator or of any other person (Dawson, 1982, p. 53). The attitudes, theoretical perspectives, research projects, and societal responses to child sexual abuse have evolved over recent decades. However, the perpetration of sexual offences by adolescents on children who are not consenting age-mates, has not received nearly as much attention as sexual abuse by adult offenders, particularly

father-daughter incest. Social work practitioners have clearly failed to acknowledge sexual aggression in adolescents, and consequently, have not fully recognized and reported the majority of adolescent sexual offences. Appathurai and Lowery (1985) have advanced a number of reasons for the under-reporting:

- * the youthful age of the victim and his or her familiarity with the offender;
- * the victim's reluctance to report, due to feelings of shame or fear;
- * the dismissal of the behavior as mere sexual curiosity or the expression of the normal aggressiveness of a sexually-maturing male;
- * the family of the offender's minimizing the seriousness of the occurrence, fearing adverse social and legal consequences;
- * service providers' lack of training in identifying and treating sexually offensive behavior. (p.3)

There are a growing number of service providers who are very concerned with this problem area. What has accounted for the mounting recognition of this issue? One answer is the awareness that the behavior is more often related to sexualized ways of meeting non-sexual needs, such as power and dominance. The proliferation of programs for adult and child "survivors" of sexual abuse has broadened the dimensions of the victimization process. As the traumatic long term impact of the sexual interference has come to be understood, service providers have been compelled to treat all sexual molestation more seriously, regardless of the age of the perpetrator. This shift in attitude is further driven by the pressure of the women's movement and

increasing public intolerance towards child abuse.

Another measure of the seriousness of the issue has been the increasing availability of data from police and court statistics. One must be mindful, however, that child molestation is only one of a number of "sex offences", which may also include sexual assault, prostitution, obscene phone calls, exhibitionism, bestiality, and buggery. In any case, a close examination of these statistics demonstrates that adolescents are responsible for a significant number of sexual offences. Appathurai (1985, p. 3) reported the following:

- * in Canada at the national level, almost 25% of sexual offences are committed by adolescents;
- * prison statistics gathered for the Committee of Sexual Abuse of Children and Youths (Badgley, 1984) demonstrate that one in seven of those imprisoned for sexual offences against children was under the age of 21;
- * in Metro Toronto alone, 344 males aged 16-19 were arrested for sexual offences in 1982;
- * on the Ontario Child Abuse Register in 1985, 15% (86) of closed cases involved adolescent perpetrators aged 12-17. In 70% of the cases, the abused child was a female;
- * in Ontario between 1979 and 1984, there were 1,388 convicted offenders aged 16-19 whose records contained at least one count of a sexual offence.

Mathews (1987) obtained figures for Metro Toronto that found 151 adolescents (12-17 years of age) charged with sexual offences in 1985, most of which (89%) were for sexual assault. Evidence suggested that the incidence of sex offences committed by adolescents is considerably higher than reflected by the numbers. As victims have begun to

feel more comfortable about disclosing abuse, and have more avenues for their disclosure, the identification and reporting of offenders will likely increase.

The mounting concern has been further fueled by research findings which disputed the general assumption that all adolescents outgrow their sexual misbehavior. In fact, the literature suggested that sexually assaultive behavior tends to be a repetitive phenomenon characterized by an escalating number of offences as the adolescent moves into adulthood. In Groth, Longo, and McFadin (1982), a significant number of adult rapists and child molesters admitted to having committed two to five times as many crimes as those for which they were charged. The study found that the first sexual assault typically began during adolescence, usually around the age of 16 years. Longo and McFadin (1981) found that as many as 35% of convicted rapists and child molesters demonstrated a progression from non-violent sexual crimes during adolescence to more serious sexual assaults as adults.

What has been the plight of the child victims which has evoked such a public outcry towards child sex abuse? Surprisingly, there has been no substantial epidemiological evidence on the short- and long-term physical, psychological and behavioural sequelae of child sexual abuse. Bagley reported however, that in studies of clinical populations, sexual abuse has many profoundly adverse consequences

(Schlesinger, 1986, p. 36). Especially in the immediate aftermath of the assault, children suffered a wide range of psychological and physical traumas. Bagley's own review of the literature identified a comprehensive list of complications of earlier sexual abuse, including the following:

- suicidal gestures and attempts
- long-term personality problems including guilt, anxiety, fears, depression and permanent impairment of self-image
- more acute personality sequelae, including chronic psychosis, self-mutilation, induced obesity, anorexia, hysterical seizures, and a chronically self-punitive lifestyle
- running away from home
- prostitution or sexually exploited lifestyle
- drug and alcohol abuse leading to chronic addiction and health impairment (Schlesinger, 1986, excerpted from p.38)

Bagley speculated that in at least half of the cases of sexual exploitation of children, long-term and perhaps permanent impairment of mental health will result. The Badgley Committee described child sexual abuse as "a largely hidden yet pervasive tragedy that has damaged the lives of tens of thousands of Canadian Children" (1984, p.29)

Need for this Study

The startling statistics on the extent of child sex abuse and the traumatic impact on victims has stimulated the development of a host of preventive and remedial responses for the child victims and adult "survivors". Preventive

efforts have concentrated on educating the public and teaching potential victims how to recognize and deter unwanted touching. This focus on the victim has not, however, reduced sexually aggressive behavior. The locus of such behavior is entirely on the offender. Yet service providers and special interest groups have not advocated as fervently for the development of an equally extensive range of preventive and remedial services for the offenders or for those at risk of offending.

The lag in service development is not so surprising in part, when one realizes that these are virtually separate and unconnected bodies of knowledge; namely, concepts developed from work with offenders, and concepts developed from work with victims and their families. As Finkelhor noted, most of the offender theory has been developed through work with incarcerated pedophiles, men who have sexually abused outside the family. Most of the victim-related work has been done with incestuous families or with families where offenders were no longer present. The theorists who work with these very different populations have little professional contact with one another (Finkelhor, 1984).

Services for sexual offenders have been a low priority for an indifferent general public. It has seemed that the child molester is the most despised member of society--a society which widely holds the attitude that the public is

better served if offenders are isolated and punished rather than treated.

The identification and treatment of adolescent offenders ought to be considered a desirable form of prevention. The risk of re-offending and trauma to other victims has been too great when there is no intervention. Service providers must begin to focus efforts on interrupting and reshaping patterns of sexually aggressive behaviors before they have become crystallized and resistant to change. Assessment and treatment services must be expanded to meet the growing need.

The need for this study became evident with the observation that there is a dearth of services for those adolescent sex offenders who are identified in the researcher's workplace. As a Treatment Specialist in the field of child sexual abuse, it has been an objective of the writer to offer treatment to this population. The development of such a service has been hampered by a lack of literature to guide this practitioner, and by a lack of proven effective programs upon which to model intervention. It seemed plausible that a better understanding of adolescent sexual aggression would lead to an overall expanded theory of sexually offensive behavior, applicable to both adolescents and to adults.

The development of knowledge of adolescent sexual aggression has its peculiar set of problems. For the most

part, the offenders have to be caught in order to be identified. Those that come to the attention of the authorities may not be representative of the whole population. Most adolescents do not actively involve themselves in treatment. As the literature indicated, families of the adolescents are generally resistant to intervention. Where parents have acted, it has been the experience of the writer that in many instances, particularly sibling sex assault, the parents took the aggressor-son to their family doctor or church official for "a talk". Generally, after one or two sessions, there was no further disclosure nor appropriate intervention. In too many of such examples, the youths repeated their sexual misbehavior within a year. Even for the small minority who are adjudicated under the Young Offenders Act, the Youth Court judges have appeared to be unwilling to order adolescent sex offenders into treatment involuntarily.

The majority of standardized assessment tools have no established norms for adolescents. The multiplicity of issues involved in this stage of human development complicate the isolation of pertinent variables. Overall, this is a population that is not easily accessible for research.

Relevance to Social Work

The social work profession has demonstrated a commitment to the prevention and treatment of child sexual abuse. It has been recognized that child abuse is cyclical in nature. Consequently, there are a number of entry points for intervention, to which social work is best suited in terms of its values and comprehensive modalities. For example, intervention may take place at the level of the individual, the family, or through social action at the level of the community.

Social work places a high value on the family as a primary social unit. The victimization of children by adolescents can, and does have a fragmenting impact on family life. Many adolescents offend within their family, and the results of the breach of trust may devastate intrafamilial relationships. All social work practitioners who see families and children, or are involved with social policy, need to have an accurate and current understanding of child sexual abuse. They need to be able to recognize the indicators of sexual victimization, and to have a collective voice in the prevention of this problem.

Organization of the Study

A study was designed to elicit information from male

adolescent subjects who had acknowledged the sexual molestation of one or more child victims. An extensive review of the literature specifically pertaining to the sexual victimization of younger children by adolescents will be summarized in Chapter II. The formulation of the problem will follow in Chapter III. The methodology of the research will be reported in Chapter IV. The findings will be presented in Chapter V, and the ensuing discussion of the findings in Chapter VI. Lastly, the conclusions and recommendations will be reported in Chapter VII.

CHAPTER II

Review of Literature

Overall, there was a paucity of direct references to the topic of adolescent sex offenders in the literature. A review of the literature served to stimulate insights for the researcher and to provide a perspective on the subject for the reader. This chapter contains an analysis of the literature from the salient perspectives of occurrence, previous studies, the societal context, and relevant theories of sexual molestation by adolescents.

Incidence and Demographics

Sexual abuse has emerged as one of the major forms of child abuse. As recently as twelve years ago, sexual abuse was regarded as a rather uncommon problem. Finkelhor (1984) reported the number of cases of sexual abuse in the United States as increasing from 1,975 in 1976, and 4,327 in 1977, to 22,918 in 1982. As striking as this increase appears, it

is believed that the problem is far greater than indicated by the statistics on reported cases. Finkelhor has assigned child sexual abuse the status of a social problem.

Deisher, Wenet, Paperny, Clark, and Fehrenbach (1982) report that of the more than 1,000 child victims of sexual assault seen in 1979 at the University of Washington Adolescent Clinic, 42% were assaulted by adolescents. A follow-up study of a sample of male adolescent offenders showed that they were from all social classes.

The report of the Committee on Sexual Offences Against Children and Youths, (Badgley, 1984) provided the most contemporary and comprehensive inquiry into the incidence and prevalence of sexual offences against children and youths in Canada. They noted that a sizeable number of Canadian females, and to a lesser extent, males, are victims of unwanted sexual acts. These acts encompassed a wide range of sexual behaviours. The authors emphasized that the source of information on reported unwanted sexual acts only partially reflected the actual occurrence of these acts. National surveys indicated that four in five offences (80.9%) were heterosexual, and one in five (19.1%) was homosexual. Virtually all sexual offences (99.2%) against female victims were committed by males.

The Badgley Committee found through its research that a substantial proportion of sexual offences against children and youths is committed by persons who are themselves

juveniles. Of the males who were charged with sexual offences, statistics for recent years indicated that between 10 and 20 per cent were juveniles. It is interesting to note that in the early 1900s, the conviction rates for sexual offences committed by juveniles, typically at the 85 to 95 per cent level, were much higher than those for adults. This may be attributed in some respect to the attitudes of the day, whereby children had few of the rights protecting them from adult abusers. In contrast to the present rising trend in conviction rates concerning sexual offences committed by adults, the comparable rates for juveniles have declined. These changes were most likely a reflection of the gradual introduction of legislation and procedures adopted for the management of juvenile offenders. Nevertheless, about one in seven convicted offenders was under 21 years old, which was a significant number of the approximately 5,000 charges of rape or indecent assault. In addition, most cases of exhibitionism against children were committed by young men, of whom one in 10 was under 18 years of age. Of particular concern to child welfare personnel has been the occurrence of sexual offences committed by adolescents who were in positions of trust, most notably as babysitters.

In the United States, Abel (1984) carried out a large sampling which showed that an estimated 450,000 adolescents, or 2% of the population of American youth, committed a

sexual assault in a five-year period between 1979 and 1984. His data revealed that the frequency of rape and child molestation is considerably higher than that reported in the literature. As Malmquist stated, however, the study of sexual offences committed by adolescents is still at the stage of data gathering (1985, p. 134). There is as yet no established pattern around the age of offenders at the time of the offence, or features differentiating repeated versus isolated acts (1985, p. 134).

Studies of Adolescent Sex Offenders

A chronological overview of pertinent journal articles and books illustrated the state of knowledge accumulated on this problem area. Waggoner and Boyd (1941) were two of the earliest researchers of adolescent sex offenders. They explored some of the social, emotional and environmental factors which they considered important in the development of deviant sexual practices in male juveniles. In particular, they noted physical characteristics, health and developmental history, family history, school progress, traumatic life events, level of maturity, and other antisocial behaviors. In their study of twenty-five cases, they considered that the "aberrant sexual practices" bore a close relationship to juvenile delinquency patterns. In their estimation, it appeared that the home, church, school

and community had failed to exert a practical and healthy influence in preventing the development of the problem. In every case there was some type of unhealthy and unfavorable parent-child relationship. Defects in personality structure appeared to be closely associated with "unwholesome" familial relationships. The authors noted that practically none of the juveniles had been given sexual information by their parents. They closed their article with an insightful conclusion:

It is necessary to realize that adult sexual perversion does not spring up *de novo* when the opportunity is presented or in a moment of temporary moral weakness, but the pattern and necessity for perverted expression is determined to a great extent by the earlier emotional and environmental influences during developmental years. It would appear that the hope of prevention of adult sexual perversion must depend upon a better mental and sexual hygiene of childhood. (p. 291)

When one considers that the prevailing theories of that period were individualistic and heavily psychoanalytic, this article was surprisingly holistic and comprehensive for its time, and it appeared to offer more of a diverse understanding of the problem than some of the works following it.

Doshay (1943) conducted an exploratory study to establish the significance of early sex offences among males in relation to later life behavior. He studied juveniles treated at the New York City court clinics between 1928 and 1934. Among some of his findings were the following:

1. With proper court and clinic treatment, juvenile sex delinquency tends to become automatically self-curing.
2. No specific trait deviant of hereditary, congenital, physical, biologic, or intellectual nature determines the sex offences in early or later life.
3. Environmental factors, and not hereditary traits, are shown to be all-important in the general delinquent conditioning of the children, and it was established that the home rather than the neighbourhood is all-significant. (p.67)

While this was a thorough study, and it appeared to have considered appropriate variables, it did have many limitations. In particular, the focus on the family was fraught with moral judgments that considered superficial elements such as appearance of the home, social aid, mental deficiency in the parents, and so forth.

Atcheson and Williams (1954) assessed the incidence and pattern of juvenile sex delinquency through a statistical survey of all juvenile sex offenders referred to the Toronto Family Court Clinic between 1939 and 1948. Of the 2,516 male juvenile delinquents in this 10 year period, 5.8% were involved in "sexual misbehavior" (p. 369). They found that there was no significant difference between the average IQs of the sex offenders and the control group. The authors offered a crude classification of juvenile sex offenders which does not appear to have found any ongoing

applicability.

Maclay (1960), a physician, presented a number of case examples of juvenile sex delinquents and relegated the behavior to the level of "sexual misdemeanours". He then drew some basic conclusions about their home circumstances, their intelligence, and their subsequent development. The article did little to promote useful understanding of the problem. Shoor, Speed, and Bartelt (1966) also looked at the problem from a medical stance. They dealt with the subject from the standpoints of: (a) delineation of the syndrome of the adolescent child molester; (b) profile and psychodynamics; and (c) guidelines for disposition, treatment and the estimation of danger to the community. They found that they could distinguish between the "aggressive" and the "passive" child molester. In contrast to Maclay, they urged the profession not to dismiss lightly a case of child molesting by an adolescent which might come to their attention. Overall, this work furthered the descriptive picture of the problem, particularly at the level of the individual.

Kourany, Martin, and Armstrong (1979) were apparently the only authors who directly dealt with what they termed "sexual experimentation" by adolescents while babysitting. Although the authors recognized that the incidence of such behavior was significant and largely unreported, they focussed more on the theme of babysitting itself and less on

the behavior of the adolescent. They regarded the sexual behavior as displaced neurotic maneuvers that included aggression, control, and dependency (1979, p. 286). The opportunities for sexual involvements were augmented by a deficit of adult structures and controls. However, they failed to expand on these potentially important observations. In fact, they seem to have under-rated the impact of the offending behavior on the children.

Groth and Longo have brought the state of research on the adolescent sexual offender to its most fruitful era. They recognized the apparent reluctance on the part of the courts and other agencies to view juvenile sexual offences as significant or serious. This may have reflected the concern that such a youngster would be stigmatized, but more often the offence was regarded as "merely sexual experimentation, situational in nature, or as an expression of the normal aggressiveness of a sexually maturing male" (Groth, 1977, p. 249).

During the years 1970 to 1975, Groth (1977) examined twenty-six sex offenders who were between the ages of 14 and 17. He had already begun to distinguish between adult rapists and child molesters, and was mindful to establish any such differences in adolescents. In fact, he found that adolescent rapists and aggressive adolescent child molesters tended to exhibit psychosocial characteristics similar to adult offenders. However, he also identified a category of

adolescent child-offenders who appeared to identify with their victims and who used psychological or social pressures more than physical force to engage the child in a sexual act. These offenders were characteristically more passive in their orientation to life and appeared to be immature and dependent persons who were more comfortable with children than with peers.

The majority of Groth's subjects in the above study had previous interpersonal sexual experiences prior to the sexual assault. He concluded that this observation discredited the assumption that their sexual offences constituted merely sexual exploration or experimentation on the part of the adolescents. He also noted that the offences of the adult offenders in a parallel study were essentially identical to those they had committed as juveniles.

Groth and Loredó (1981) worked further with a sample of 50 juvenile sexual offenders between 1978 and 1981. They found that the offender tended to be a loner with little skill in negotiating intimate peer relationships with members of either sex. He also tended to be an underachiever with accompanying low self-esteem and feelings of inadequacy. The sexual offender does not characteristically self-refer to clinicians because of the adverse legal and social consequences that may result from such disclosure. He believes that his sexual thoughts and

impulses may be indicative of mental disturbance and so keeps them secret to protect himself from having his worst fears about himself confirmed. However, the authors cautioned that unless intervention for these adolescents is forthcoming, not only will there be more victims, but ultimately, when they reach adulthood and face the legal consequences of their behavior, rehabilitation may no longer be possible.

Longo (1982) surveyed 17 adolescent sexual offenders. He confirmed what had been reported by Groth and Prendergast; namely, a significant number of sexual offenders have themselves been the victims of sexual abuse or have experienced a sexual trauma which occurred in most cases prior to the onset of puberty. This early sexual experience in the lives of sexual offenders suggested that they had been introduced to adult sex prematurely and this may have influenced their overall outlook about sex. Such unresolved trauma may prompt a compulsive re-enactment of the experience in an attempt to gain mastery and control over it.

Groth concluded that the diagnosis of "adolescent adjustment reaction" has not been a useful one in terms of meeting the needs of the offender, but rather perpetuated the risk that he constitutes to the community (1977, p. 254). He and Loredó stressed that the psychosexual development and history of the adolescent should not be

ignored, nor the context of his current family situation (Groth & Lored, 1981). Yet, these aspects have been poorly researched.

Wenet, Clark, and Hunner (1981) examined 60 juvenile offenders, aged 12 to 18 years, from the Adolescent Program at the University of Washington. They reported the following: (a) The offender's school performance fell below their ability; (b) that they often had a history of behaviour problems prior to their sexual offence; (c) they committed every kind of sexual offence that adults commit; and (d) about 45% of the offenders had a record of being abused as children, either physically or sexually (pp. 146-147). The authors provided case examples to substantiate two learning models to explain the development of deviant sexual behaviour; namely, a conditioning model, and a vicarious learning model. They submitted, however, that more focussed studies needed to be conducted in order to more clearly define the critical variables which lead to the development of such behavior.

Deisher, Wenet, Paperny, Clark, and Fehrenback (1982) studied 83 male adolescents who received evaluation and treatment at the Juvenile Sexual Offender Project of the University of Washington Adolescent Clinic. Of these, 37% committed sexual offences against children, termed "indecent liberties with child". In general, the offences took the form of forced mutual fondling of genitals or other sexual

contacts short of penetration. Of the victims, 26% were male. The authors found that the teenage offenders, who averaged 15 years of age, typically had a long history of under-developed peer relationships and social isolation. This appeared to be aggravated by patterns of scapegoating experienced within their own families. They concluded that a combination of poor social skills, isolation from peers, and conflicting family relationships contributed to low self-esteem and their attraction to younger, more submissive children with whom they were more comfortable. These associations were not substantiated by statistical evidence in this report. They also noted that more than half of all adolescent molesters were themselves sexually abused as children. Additionally, they remarked that the intelligent, outgoing adolescent offender from the middle class background presents a particular problem for the professional. This teen may present a pleasing impression which makes it easy to minimize the seriousness of the problem.

The preceding study was repeated in greater depth with 305 subjects by Fehrenbach, Smith, Monastersky, and Deisher (1986). The proportion of offenders who molested children had significantly risen over previous reports to 59%. In 97% of the cases, the victim was either a relative or acquaintance of the offender. In 47% of the cases, the male offender was babysitting for the victim. The evaluation

found that 57.5% of the offenders had committed a previous sexual offence, mostly of a similiar nature. Their history indicated that 22% had been themselves sexually abused, and 30.5% had been physically abused. Based on interviewer judgments, 65.6% of the offenders showed evidence of significant social isolation.

Awad, Saunders, and Levene (1984) carried out a comparative study of 24 male adolescent sexual offenders and an equal number of other delinquents. The results seemed to show that the two groups are more similiar than expected, with regard to the prevalence of psychiatric disturbance, violence and sexual deviance among their parents, disruptions in parent-child relationships, inadequate parenting, chronic history of school problems, past delinquencies, and the juveniles' psychiatric histories. Interestingly, they identified a subgroup of boys who, until their sexual offence, had been deemed to be conforming, good children, whose sexual difficulties remained unknown until the day they committed a sexually deviant act. No such subgroup has been observed or reported among delinquents committing non-sexual offences.

Another study regarding characteristics of adolescents who have been identified as sexual perpetrators was carried out by Becker, Cunningham-Rathner, and Kaplan (1984). Two significant findings emerged from the study: (1) Many of the adolescents interviewed admitted to engaging in deviant

sexual behaviour, but denied or minimized the amount of force used in the commission of the offence; (2) the deviant behaviour exhibited was not their only or their first sexual contact. The authors suggested that adolescents who engage in deviant sexual behaviour are not merely experimenting, but may be developing patterns of deviant sexual interest. They believed that early intervention may help the adolescent learn to control his deviant sexual behavior and learn socially acceptable sexual interactions with peers.

Knopp (1985) developed the following profile of youths involved in the Personal Social Awareness Program of the Lutheran Social Service of Minnesota:

Youths who commit sexual offences experience a number of problems with their sexuality. Often they long for intimacy but are fearful of it. Their knowledge of sex and relationships is very limited. Such youths do not understand that their bodily sensations are related to their feelings about others. Instead, they view their own bodies as objects with the genitals as the means of relating to and controlling others. Anger and aggression are often released through sexual behaviour. (p. 1)

More recently, studies have begun to investigate subgrouping of adolescent sex offenders based on psychological status variables. Bremer (1985) compared the self concept of teens who had incestuous relationships with those who were involved in extrafamilial sexual misconduct. The results indicated that there was in fact no difference in self concept between the two subgroups. There were however, two significant differences between the two groups.

Those youths involved in incest offences were significantly more likely to have been victims themselves of family abuse. Incest offenders were obviously the eldest or middle children in the family. Non-incest offenders were more often the youngest or only child in the family. The author concluded that intrafamilial abuse is learned, although the lesson learned is one of family interactional style, rather than a specific behavior.

O'Brien and Bera (1986) reported on an expanded typology of adolescent sex offenders that was developed as a therapeutic and research tool for the Program for Healthy Adolescent Sexual Expression in Minnesota. The seven distinct groups fell under the following types: (a) the naive experimenter, (b) the undersocialized child exploiter, (c) the pseudo-socialized child exploiter, (d) sexual aggressive, (e) sexual compulsive, (f) disturbed impulsive, and (g) group influenced (pp. 2-4). They included concrete descriptions of behaviors, personalities, and motivations for each type. Their typology appeared to be a progressive step at categorizing the problem behavior; it certainly should be studied further.

Saunders, Awad, and White (1986) gathered characteristics of 56 male adolescent sexual offenders referred to the Toronto Family Court Clinic. They adopted the classification system suggested by psychiatric literature on adult sexual offenders and modified for their

purpose, that is, courtship disorders, sexual assaults, and pedophilic offences. The authors suggested that the committing of an offence in adolescence is a sign of poor adjustment likely associated with, rather than caused by, a behavioural or emotional disorder (p. 548).

Ryan, Lane, Davis, and Isaac (1987) discussed the developmental nature of sexually abusive behaviors in adolescents and some of the significant issues to be considered in the treatment of this population. They outlined the plausible precursors and reinforcing factors which may lead to sexually abusive behaviors, especially in those males who were themselves victims of sexual abuse. Three case histories supported the authors' discussion. They proceeded to elucidate some commonalities between offenders and offences. The important common issues were encompassed by the "sexual assault cycle" developed by Lane (cited in Ryan et al., 1987). They suggested that the concept of this cycle could be utilized in treatment. This might involve teaching offenders to identify their particular cycle, and ultimately to interrupt it.

Rowe (1988) detailed a singular reference to treatment approaches in dealing with adolescent offenders. He confirmed that there was no widespread agreement as to the etiology of this problem behavior, although some contributing factors have gained acceptance. He recognized that an increase of disclosures on the part of victims, and

improved methods of investigation have left the helping services flooded with adolescent perpetrators. He appropriately pointed to the reality that child care workers are confronted with adolescent offenders in residential treatment settings, open custody programs, or secure custody facilities which may or may not have a treatment focus. Consequently, he offered a combination of practical methods to assist in the adjustment of the adolescent. These methods included "the daily log, teaching-learning moments from environmental expressions of sexuality, positive sensuality, self-concept, and victim empathy and restitution" (pp. 55-56). He emphasized that there was no empirical evidence to support the efficiency of the methods.

The Role of the Legal System

This present study focussed on male adolescents who had been charged with, convicted of, or who had disclosed involvement as perpetrators in sexual behaviour with underage children. Such behaviour is addressed within the Criminal Code of Canada. The sexual behavior fits the categories of "Child Molestation", "Sexual Assault", and "Incest". In practice, most adolescents were actually charged with "sexual assault" or "sexual intercourse with female under 14". The act of "rape" falls outside the definition of child molestation and child sexual abuse. The

charge of "sexual assault", however, may include the application of force or threats of force, which parallels rape. In most cases involving adolescents that come to the attention of the community, it is the abuse of authority or power that substantiates the use of "sexual assault". The statistics from Statistics Canada for Ontario in 1983, indicated that 2.4% of the charges adjudicated involved rape, compared to 53% that involved sexual assault (Mathews, 1987, p. 6). Where the child victim is more than three years younger than the accused, the fact that the victim may have consented to the sexual act cannot be used as a defence against the charge.

According to the experience in Middlesex County, no criminal charges were laid in most cases, even if the occurrence was considered "founded ". There are a number of considerations upon which the police based their actions: the age of the victim, the absence of corroboration, the credibility of the victim, the unwillingness of the victims' parents to lay charges, and their personal attitudes. Where there was the possibility of intervention by a social service agency, the police sought a commitment from the family of the adolescent to obtain services. These services have generally been limited to monitoring the youth, with or without supportive counselling to the parents. If there was strong denial on the part of the adolescent, the police and the Crown Attorney were often reluctant to pursue a charge

leading to a trial. Some authorities have clearly been frustrated by the new rights of accused adolescents under the Young Offenders Act.

No information could be found to determine the impact of the intervention of the legal system on the future behavior of the youths. Informants who responded to Mathews' study of the needs of adolescent sex offenders (1987), stated overwhelmingly that some form of mandatory provision for treatment, such as a court order, needed to be incorporated into the disposition.

In those cases where the adolescent offender was in a caretaker role with the child victim, the provisions of the Child and Family Services Act of Ontario, 1984, stipulate that the incident must be reported to the local Children's Aid Society. The case would then be investigated to determine if the victimized child was in "need of protection". If the investigation verified that sexual abuse took place, the Society may report the adolescent to the Child Abuse Register, depending on the case circumstances, and the standard practice of the particular agency. There were 429 reports made to the Ontario Child Abuse Register from January 1984 to the end of August 1986, where the sexual abuser of a child was an adolescent 12 to 17 years of age (Mathews, 1987). The case may also be investigated where the adolescent was not a caretaker, but it was believed that the parents in charge failed to protect

the child by omission or by commission.

Although the provincial legislation gives the Children's Aid Societies the power to lay a charge of child abuse against the offender, it has not been their practice to do so, even for adult abusers. However, certain cases were brought before the Family Division Courts when the protection of the child victim needed to be enforced by an "Order of Supervision" or some other disposition. In practice, the Societies have appeared to have achieved their goal of protecting the child through voluntary means. For example, the teen who molests a younger sibling may be temporarily placed with a relative until a plan of therapy and monitoring is put into place. Some jurisdictions, however, have established a policy of not having any role to play with adolescent perpetrators.

In 1985, the following charges for sexual offences were laid against young male offenders in Metropolitan Toronto:
(Mathews, 1987, p. 4)

Sexual assault with weapon	-	5
Sexual assault	-	130
Sexual intercourse with female under 14	-	12
Buggery	-	2

Where there were findings of guilt in the Youth Court, the judges generally made one of two orders under the Young Offenders Act; namely, custody and probation. In Ontario between 1984 and 1985, there were 29 sixteen and seventeen year old males admitted to custody, (where violent sexual

assault may have been involved), and 466 of the same age group admitted to probation (Mathews, 1987, p. 5). Unlike the former Juvenile Delinquents Act, the present legislation does not allow the court to order treatment for the offender, or to make it a condition of probation. Neither is there any guarantee that custody offers treatment. The mandatory destruction of juvenile records has made it more difficult to track an offender into adulthood. All of these factors are impediments to the provision of remedial services.

Theories of Sexual Molestation by Adolescents

Research in this problem area has been slow to develop, and consequently there are no supported theories pertaining to the sexual victimization of children by adolescents. Certainly, a number of theoretical approaches have been applied to adult offenders, and it is possible that they may ultimately figure in the adolescent population. Some of the approaches are included here.

The earlier theories about sexual abusers in general tended to emphasize psychopathology. According to Finkelhor (1984) they overemphasized psychopathology because they were based on studies of a very unrepresentative population; namely, caught and convicted sex offenders. He believed that this group displayed the most compulsive, repetitive,

and extreme behavior in their offences. Gebhard, Gagnon, Pomeroy, and Christenson (1965) exemplified the dominant model in this class of theories. They contended that the sexual interest in children is a specific deviant psychological state that afflicts a small group of men who have had traumatizing developmental experiences. While there has been some psychopathology noted in studies of all classes of adolescent sex offenders, the literature does not support that this is a significant feature of adolescents who molest children.

Family-systems theory has proven useful for clinicians working with families where sexual abuse has occurred. It concentrates on one form of sexual abuse, namely, father-daughter incest, because it is that form of sexual abuse that the theory best explains. Finkelhor echoed some criticisms of the theory, particularly its singular focus on father-daughter incest (1984, p. 226). This is a common type of abuse, but Finkelhor estimates it accounts for less than a third of all abuse. The theory has not been helpful in explaining abuse by older brothers, nor any offender outside the family. However, it may yet offer insights about how family dynamics contribute to the abuse situation.

A variety of theoretical speculations about sexual abuse have arisen from the Women's Movement. Feminists have tended to view sexual victimization in association with the phenomenon of rape rather than with child abuse. They

stressed the fact that most abuse is committed by male perpetrators against girls. Consequently, they have chosen to explain the problem as a function of the inferior status of women and children, and of predatory attitudes directed toward them by the media and pornography (Herman & Hirschman, 1977; Rush, 1980). Rather than blaming dysfunctional families, feminists have focussed on patriarchal social structure and male socialization (Nelson, 1982). The fact that the male sexual urge has been viewed as overpowering and in need of satisfaction has allowed men to rationalize antisocial behavior, such as sexual abuse (Finkelhor, 1979). Again, this theory has not been explored with respect to adolescent offenders.

As noted above, Wenet, Clark, and Hunner (1981, p. 149) have considered the learning theory perspective for the sexually offensive behavior of adolescents. The "conditioning model" emphasizes early sexual experiences as the basis for entrenching sexual offensive behavior patterns. The "vicarious learning model" points to modeling as the stimulus for offending behavior. Pornography, the media, and so forth, may stimulate fantasies which are reinforced by masturbation and acted upon in an offending manner. This theory may have fit the observations of the authors who obviously favored it, but it has not been researched relative to other theories.

Summary

Although there are an increasing number of articles and books on this subject area appearing in the literature, the present accumulation of direct references to adolescents who molest children is sparse. Many of the findings are inconsistent. The sample sizes were invariably small; consequently, the results could not be considered representative of the larger population. The findings seemed to vary particularly around the nature of the setting, and the time frame of the research. For example, early studies left the reader with the impression that this was a problem found in a degenerate, low social status group of adolescents. Over time, it has been accepted that this behavior cuts across all social classes.

Of significance to this researcher is the lack of differentiation in the bulk of the studies between child molestation and the other sex offences. In fact, there was much emphasis on rape, which has a distinct set of characteristics according to Groth. In addition, much of the data was descriptive with respect to the offence as opposed to the offender.

Early studies included data on female adolescent offenders, although it could easily be disputed by present-day standards. It is accepted that some female perpetrators do exist, but no recent citations are

available.

Another gap in the research is a lack of data on the families of adolescent sex offenders. There were for all practical purposes, no standardized assessments of the family systems.

Many questions need to be answered. The most perplexing remains, "why would someone molest a child?" Is the offender motivated by a need for sexual gratification or some other need, or a combination of needs? Why is the offender capable of being aroused by a child? Is victim selection specific for each offender? Are there any critical developmental events or experiences that put the adolescent at risk of offending sexually? What is the family's involvement in the development and maintenance of sexually offensive behavior? What is the role of power and control issues in the offending behavior? What methods of treatment work with different populations of adolescent sexual offenders? No doubt there is a proportion of adolescents who self-correct. Under what circumstances does this happen?

Obviously, no single study can address all these questions. Chapter III narrows the field of study, and formulates the problem such that it is accommodated by the research design.

CHAPTER III

Problem Formulation

The Focus

This research focussed on the following major question: How does the social work practitioner effectively treat the adolescent perpetrator of child sex abuse?

The literature substantiated that the sexual victimization of children by adolescents is a problematic behavioral pattern which is harmful to victims. If the adolescent is not treated, there is a substantial risk that he may re-offend, and carry the behavior into adulthood. In the needs study reported by the Central Toronto Youth Services (Mathews, 1987), there was a sense of urgency around this issue and a heightened need for a service response. They cited the following reasons: (a) an increase in reported incidents of adolescent sex offences, (b) an increase in physical violence and threats used by sexual offenders, (c) an escalation in the seriousness and frequency of sexual offences, and (d) adolescent sexual

offenders are beginning to offend at a younger age (p. 17).

The problem identified by this researcher was that there were not sufficient research findings or theoretical perspectives in the literature to guide the intervenor in treating this client population. In particular, this researcher was interested in treating those adolescents that are more likely to come to the attention of child welfare personnel, that is, those who molest children while they are in a caretaker role, and those involved in sibling incest.

There are many unanswered questions about adolescent child molesters. Service providers need a better understanding of the variables of the problem in order to optimize their intervention. Variables such as the adolescent's sexual knowledge, attitudes towards sex, capacity for remorse, and family dynamics were not well defined in the literature. It was anticipated that this study would contribute to the small but growing body of knowledge around this problem area. Social work practice requires the knowledge that is gained from social work research. Grinnell emphasized the idea that "professional decisions should be derived from the best knowledge base possible" (1981, p. 3).

Assumptions

It was necessary that certain assumptions be

acknowledged in connection with this study:

1. The sexual victimization of children by older adolescents is a widespread, significant social problem, which is of legitimate concern to the profession of Social Work.
2. Social Work is an appropriate profession to address this issue.
3. The offending behavior has a developmental and systemic context, (i.e., as opposed to a strictly biological context).
4. The self-reports of subjects pertaining to the content of their experience, are of legitimate value as a research tool.

Research Questions

Because of the limited state of knowledge connected to this problem area, a descriptive approach to the research was selected. Such an approach provides the beginning stage in the development of knowledge according to Tripodi (1981). Consequently, the study focussed on a number of research questions which ensured that the data collected would relate to the major research question outlined at the beginning of this chapter.

Research Questions:

1. Individual domain
What are the prevalent characteristics of the adolescent subjects?
2. Behavioral domain
What are the characteristics of the adolescent subjects' sexual behavior, past and present, and what is the significance of the behavior to the adolescent?
3. Social domain
What are the adolescent subjects' perceptions of their intrafamilial relationships, and of their community involvement?
4. Therapeutic domain
What are the adolescent subjects' attitudes and preferences around treatment?

Mathews (1987) identified two gaps in the development of knowledge and expertise concerning the treatment of adolescent sexual offenders. A uniform set of typologies is required to distinguish between the various populations of offenders and consequently to plan relevant and appropriate treatment. Questions 1 and 2 sought to characterize the offence and the offender. The second gap is a standardized system for making assessments. According to Siporin (1975), basic social work assessment theory requires an understanding of the attributes of the person, of the

environment, and of their interactive functioning. Questions 1,2 and 3 addressed the attributes of the adolescent, and his intrafamilial relationships.

The answers to the research questions will obviously be influenced by the adolescent subjects' cognitive appraisals to the content of the questions. One might question the applicability of such responses to treatment. Newberger and De Vos maintain that "it is not only the events themselves, but the meaning with which people imbue them that determines reactions" (1988, p.507). Therefore, in the case of the adolescent sex offender, the ways in which the feelings generated by the experience of the sexual misbehavior are defined will influence the adolescent's behavior. For the treatment provider then, it would be important to ascertain whether for example, the adolescent experienced pleasure with the sex assault, or anxiety and guilt. The adolescent should be considered as an active agent in his own development. Consequently, there was much emphasis underlying the research questions on the perceptions and insights held by the subjects.

An assessment of treatment needs, and the subject's comfort level with varying modalities, were other significant features of the research questions. Finally, it was felt that by attuning to the needs of the individual adolescent, it may have the benefit of motivating the adolescent to accepting treatment, thus increasing the

prospect of success.

CHAPTER IV

Methodology

Classification of the Study

A research design may be defined as "the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure" (Selltiz, Wrightsman, & Cook, 1976, p. 90).

The design of a study has a dual aim: the conscious reduction or perhaps elimination of factors which may interfere with the goals of the study, and the maximizing of those factors which assist in reaching the goals of the study (Goldstein, 1969, p.68).

The choice of the particular research design is therefore contingent upon the kinds of questions being asked.

This research study may be best categorized under the major type, "exploratory research", as described by Tripodi (1969, p. 25). Such research serves to refine concepts and to articulate questions and hypotheses for subsequent investigation. It followed that the appropriate design for this research was a cross-sectional case study.

Operational Definitions

In order to develop general concepts into specific, measurable variables, they need to be definable. An operational definition of a concept delineates all the specific procedures that are required for describing a particular concept so that it can be measured (Grinnell, 1981).

The following were the pertinent concepts in this study:

1. Adolescence

Adolescence is that stage of life that starts with puberty and ends at the time when the individual's independence from his or her parents has attained a reasonable degree of psychological congruence. The span of years devoted to adolescent development will vary in different cultures, and with different definitions. In order to limit the scope of this study, an adolescent will be defined as a person over 12 and under 20 years of age.

2. Sexual victimization

Sexual victimization refers to the process whereby someone who, by reason of age, intellectual, or developmental stage, or biological or emotional relationship to the perpetrator, is unable to give

informed consent to sexual activity involving the perpetrator, or is unable to assume a full measure of responsibility for their involvement. A sexual incident occurring between peers would not have a victim, according to this definition; generally, there should be at least a three year differential in age of the perpetrator over the victim.

3. Sexual experience

Sexual experience refers to any overt sexual behavior which has a lasting significance to the subject.

Sample Source and Method

A population is defined by Selltitz et al. (1976, p. 512) as the aggregate of all of the cases that conform to some designated set of specifications. Research in social work should adhere to the traditional precepts of the scientific method. A chief aim is to classify objects of events into categories and subsequently describe the similiar characteristics of members of each type. Typically, the population of interest to social work is a human social group which can be classified into a category.

A sample is a group of elements selected from the population with the intention of finding out something about the population. The sample in this study derived from a

population of male teenagers between the ages of 13 to 19 years inclusively, who have sexually molested or assaulted one or more children. The sampling procedure was of the "nonprobability" type known as "purposive or judgmental" sampling (Grinnell, 1981, p. 87). The goal for the sample size was set at fifteen subjects. The research problem was considered to have clear parameters, and as such, the sample selection was based solely on the phenomenon under study, that is, the sexual molestation of a child.

The subjects were either clients of a Children's Aid Society in Southwestern Ontario, or known to a Society and to other community service providers. They agreed to be interviewed after the purpose and nature of the research were presented and discussed.

Description of Data Collection Instruments

The method of data collection for this study was the research interview. Consideration was given to the degree to which the interview had to be structured. The "semistructured" or "focussed" interview of the type described by Merton, Ficke, and Kendall (cited in Selltitz et al., 1976, p. 318) was selected. The function of the researcher in conjunction with this format was to focus attention upon a given experience and its effects, namely,

sexual abuse. A segment of the interview was devoted to a structured schedule which suited the research question pertaining to family relationships.

The advantages of the focussed interview are as follows: (a) It allows for a more intensive study of perceptions, attitudes, and motivations than a standardized interview, (b) the flexibility of this interview procedure helps to bring out the affective and value-laden aspects of the respondent's responses and to determine the personal significance of their attitudes, (c) the subject's responses are generally spontaneous rather than forced, and self-revealing and personal rather than superficial, (d) the interview can be useful as a source of hypotheses that can later be submitted to a systematic test, and (e) this interview allows for the introduction of unanticipated answers from the interviewee (Selltiz et al., 1976, p. 318; Grinell, 1981, p. 262).

In order to supplant the data concerning family relationships, the researcher introduced a set of standardized clinical scales which were completed by the subjects during the interview. These measures were selected from a package of standardized scales developed by Walter Hudson and his co-workers to evaluate the magnitude of client problems (Hudson, 1982). Two of the scales were directed at the adolescents' attitudes towards the parents. They measured the degree of common relationship problems

that the adolescent may have perceived with his father and his mother. The "Index of Family Relations" measured the degree of intrafamilial stress as reported by the adolescent. These scales are relatively short, easily interpreted, and the items were non-intrusive. All of the scales were reported by Hudson to have internal consistency reliabilities and test-retest reliabilities of 0.90 or better, in addition to high validity.

The Appendix contains the interview schedule and standardized measures which were used in the interview.

Limitations of the Design

The exploratory research design leads to new insights or hypotheses, but it does not test or demonstrate them. Secondly, because it is a cross-sectional study, there can be no determination of an associational or cause-effect relationship between the variables being studied.

A disadvantage of using nonprobability sampling is that it provides no basis on which to make estimates of sampling error (Grinnell, 1981). Consequently, it is not intended that the findings of the study be generalized to the entire population. Finally, the data collection method has its own disadvantages: (a) The flexibility of the interview results in a lack of comparability of one interview's contents with another, (b) the analysis is more difficult and time

consuming than that of standardized interviews, and (c) there is an increased hazard of interviewer bias with this type of interview (Selltitz et al., 1976, p. 318; Grinnell, 1981, p. 265). The use of self-reporting, where respondents were called upon to give their own account of their own feelings, motivations and behavior, such as were gathered in the interviews with the sample in this study, may limit the findings of the study in that

Whenever we have reason to suspect that a person's truthful self-report would be embarrassing, humiliating, or degrading, or would in some way place the person in an unfavorable light, we are likely to entertain some reservations about it. (Selltitz et al., 1976, p. 293)

Child sexual abuse is an emotionally charged issue, and constitutes criminal behavior; therefore, the subjects may not have been entirely open about their participation in such behavior.

The use of Hudson's clinical scales to measure the subjects' attitudes towards their parents overcame in part the disadvantages noted above. It also highlighted the research question concerning family relationships, deemed by the researcher to be an important avenue of study.

Data Analysis

The data gathered in this study included both quantifiable and non-quantifiable information. The analysis

of the quantifiable data was conducted by computer. Since non-probability sampling techniques were utilized in the research, statistical tests of significance were not employed. The findings were related to the literature wherever possible, and the non-quantifiable data was examined with the intent of deriving new insights and further suggestions for research.

CHAPTER V

Presentation of Findings

This chapter will review the process of the data gathering, and present the findings. The data gathering procedure was outlined in Chapter IV, "Methodology".

To reiterate, the purpose of this study was to obtain information which would stimulate insight into the problem behavior of male adolescents who have molested children. It was intended that an analysis of this information would provide guidance for intervention by social work practitioners, and stimulate the development of hypotheses for further research.

Within the geographical bounds of this study, adolescent perpetrators have come to the attention of the authorities and professionals through a variety of responses to disclosures of the offences. Most often, the child victim discloses to a parent, relative, or friend. The parents of the victim generally call the police on their own volition or are persuaded to do so by a friend or family doctor. In some cases, particularly where the abuse

occurred intrafamiliially, the parents of the offender seek help. Family and Children's Services (a Children's Aid Society) is notified about many such cases, primarily to determine if the sexual molestations constitute child abuse. The primary role of the agency is to protect the child from further abuse. Moreover, where the victim requires therapy, the agency is increasingly expected to deliver treatment services as its Sexual Abuse Treatment Program gains prominence in the community.

No studies have been made on the outcome of police investigations around occurrences of adolescent sex offences. The London Police Department recently initiated a specialized unit in its Criminal Investigation Department to deal with sexual crimes against children. As the detectives become more skilled in eliciting evidence from young victims and confronting perpetrators, more charges are laid. The findings will indicate, however, that the majority of the subjects who experienced police involvement were not charged. Rather, the police, who were nevertheless convinced that the allegation was true, diverted the teen abuser to Family & Children's Services or convinced the parents to seek professional help for the youngster. In some instances, the police investigation has ended with neither charges nor intervention. Some of those who are charged have also been diverted to Family & Children's Services from Youth Court or Juvenile Probation.

The end result of the above has meant that a number of cases involving adolescent abusers have been opened to the Family & Children's Services. The agency has not yet developed a consistent approach to casework with this population. Additionally, some adolescents who were already in the care of the agency had a history of sexual offending which may not have been previously addressed. Overall, it was assumed that there were no substantial differences that could be ascribed to the individual cases either on the basis of how the offences were disclosed or how they were engaged in the helping services.

Sixteen of these cases were approached to participate in interviews as part of the study. It was explained that the goal of the study was to better understand and serve the population of adolescent perpetrators coming to the attention of child welfare authorities. In most cases, the research interview could be considered a precursor to intervention, but clearly not a necessary condition of treatment. It was also stressed that the information being sought was not inclined to prejudice in any way whatever court process a particular youth might be undergoing. The confidentiality of all participants was also ensured. The issues of confidentiality and the voluntary nature of participation were formalized by a written contract to be signed by the youths, the researcher, and where appropriate, the legal guardians. Of the sixteen youths approached,

fifteen agreed to participate in the interviews.

The high rate of response to the request to participate in the study was surprising, considering that teenagers are notoriously difficult to engage in any study, and considering the sensitivity of the material being documented. In retrospect, the response may be linked to the following:

1. All the subjects had acknowledged the offensive behavior, and once having done so, they seemed to be less resistant to confront the circumstances around the behavior.
2. As the findings indicated, the families were supportive of intervention by the Family & Children's Services.
3. The subjects were generally prone to compliance respecting adults and authority figures; that is, they may have been less inclined on the average to say "no" to grown-ups. The researcher made a sincere effort to engage the youths in a non-threatening, respectful manner.

The time and place of the interviews were arranged at the convenience of the subjects, outside of school hours. For the most part, the interviews were conducted at the central premises of Family & Children's Services. Refreshments were provided at the beginning or part way through the interviews. The format of the interview was described, and the youths were requested to answer the

questions as honestly as possible, given that there were no right or wrong answers. The subjects were encouraged to advise the researcher if a particular question or topic provoked too much anxiety to respond.

In most cases, the sessions were begun with a clarification of the researcher's role, that is, the development of programs directed at the prevention and treatment of child sexual abuse. Only one of the teens had previous involvement with a Children's Aid Society. The others had little idea of what to expect. Prior to this meeting, the majority of the subjects had only discussed the offence with the investigating social workers, the police, or other helpers. Their foremost thought on the issue was that they "were in trouble" and that undoubtedly the involvement with the Society was a consequence of being in trouble. It was, therefore, a relief for the subjects to be appraised as having a problem that needed attention, and that the agency was directed towards a helping stance, not a punitive one. Those who were facing adjudication in Youth Court had many questions as to what was ahead. They could only imagine that they would be treated like the adult criminals that they saw on television or in the news. Again, they were visibly relieved to learn that the priority of the Youth Court was to deal with problem behavior, and that punishment was not on the same scale as adults. This sharing of knowledge of the applicable systems and the

researcher's approach to the problem behavior helped to gain the confidence of the subjects.

Another factor was deemed to be an important component in approaching this subject matter; namely, the interviewer's own comfort level with issues of sexuality and victimization. The axiom touted by numerous workshop leaders in this field implies that no adolescent is going to share significantly with someone less comfortable about the content than themselves. To this end, the researcher had to rely upon his therapeutic experience in the area of human sexuality, and past desensitization experiences in undergraduate social work education. It was difficult to subjectively measure the extent to which this variable impacted on the outcome of the interviews. In any case, there was no obvious inhibition of the responses of the subjects.

Description of Cases

While the focus of this study was on the problem behavior of the adolescent subjects, the scope of social work knowledge dictates that consideration should be given to the situational context of the behavior. Consequently, the background information on the subjects provided by face sheet data, and the information obtained in the interviews was condensed and presented in the following case

descriptions. Randomly assigned initials were used in the case descriptions to protect the anonymity of the subjects. The abbreviated version of the title Children's Aid Society is "CAS", and it is commonly used to refer to Family & Children's Services.

CASE NO.1

D. was a 13 year old teen, well-groomed, with a freckled-faced "English schoolboy" appearance. He lived with a 20 year old brother, and his natural parents in a relatively new middle class suburb of the city. His father was a middle manager in a small local company. His mother rejoined the workforce a few months prior to the offence.

D. attended grade 8 in a public school. He was progressing fairly well academically, particularly in math and music. He was looking forward to going to high school. His career goal was to become a RCMP officer.

D. sexually molested the seven year old daughter of another family in the neighbourhood who were close friends of D.'s parents. D. was first asked to babysit the victim and her younger brother approximately one year ago. Over the year, he babysat eight times or so. Eventually, the victim told her mother that D. had exposed himself to her and had "showed her rude pictures". Over time, the child disclosed greater detail. She related that her little brother would not sleep when put to bed, but would scream and keep her awake. D. would let her get up and watch TV. The first time he babysat he showed her a "rude picture" that he found in his school books. He said "someone had put it there". She described it as a "picture of a man and a lady who were sucking each others' privates". On several

occasions D. took his pants off and showed her his privates. One time he asked her to "wiggle him" and he ejaculated onto his stomach. He did not touch her or have her take her clothes off. He asked her to keep what had happened "their secret".

D.'s parents confronted him about the allegation, but he denied it initially. They found explicit magazines in his room, and took him to see the family physician. The doctor suggested the matter be dropped as D. was denying it but at least he had "had a scare". However, he added that they could call the Children's Aid to request assistance if they wished. The victim's parents proceeded to call the CAS by this time, and the information was given to the Criminal Investigation Division as per the protocol. When confronted by a police detective, D. admitted to the above details. No charges were laid because of the perpetrator's age.

The parents were hesitant about services to the family because their son "knew he had done wrong, and he was never going to babysit again". Ultimately, the father indicated that he had no objections to D. talking to someone and participating in the study, as "it was his own problem and not the family's".

The investigating social worker questioned whether D. had received much support or assistance from his parents in this matter. D.'s father admitted he was a longtime "work-a-holic" who spent very little of his spare time in

the home. He was also very active in a local service club. Because both parents were committed to advancing their business interests, they had cut back on vacations and family outings. The parents were devastated by the incident, claiming that they never had any significant concerns about either of their sons' behavior in the past.

D. was willing to participate in the interview and was pleasant to the interviewer, but he was noticeably reserved at times. Nonetheless, his answers seemed spontaneous and sincere. He said that "he was upset by what he had done, particularly because he knew it was a mistake". Interestingly, he claimed to have known it was wrong because of a recently introduced program in school where a policeman came to class with films about abuse, and saying "no" to drugs and unwanted sexual touching. However, he said he was left with the impression of how one stops themselves from being a victim, but it did not help him about the "other side", namely, "how not to be an offender".

Other than the recent events, D. could not identify any problems or upsets in his life. Although he made pointed comments about the marked absence of his parents from the home, he was not critical of them.

CASE #2

F. was a handsome 14 year old teen, of average build with fair hair and complexion. He was an only child who lived with his natural parents in a rented townhouse ,set in a middle class neighbourhood. His father was a caretaker, and his mother worked mostly afternoons in a store. The parents had obviously had F. at a young age.

F. was in grade 9 in a vocational program. His school performance was average. He was prone to being involved in physical altercations with other boys at school. He particularly liked auto mechanics and hoped to work in that area. In his spare time he helped his dad with his work, and hung around his chums in the neighbourhood or his male cousins.

The offence occurred while F. was filling in for the regular babysitter of a two-year old girl in a neighbourhood where he had formerly resided. On the following morning the victim's mother noticed redness and bruising in the child's genital area. She took the child to the hospital for a medical examination. The child could not verbally account for the injury. The case was investigated by the Children's Aid and police. When he was confronted, F. claimed that the child had fallen on a chair. Eventually he confessed to molesting the child by exploiting the opportunity to examine her after the fall, although he was not explicit as to what

he had done. No charges were laid on the condition that he cooperate with the CAS to assess him for possible counselling.

F. and his parents consented to him being interviewed. F. expressed the desire to the investigating social worker that his dad be present at any interviews. After the introduction to the process however, F. was comfortable enough to have his father remain outside of the room. In fact, F. presented himself in a "cocky" manner and seemed very at home talking to an adult. The original request appeared to have had little to do with shyness.

F. had very little appreciation of the seriousness of the allegation. He seemed more upset about the police involvement, and indicated that his father was also angrier at the police than at him. There was a pattern of deflecting responsibility in this family, particularly around school conflicts. The parents felt that the principal treated F. unfairly when handing out recent consequences for fighting.

F. claimed to have been involved with two girls of his age at school. However, he consistently denied having any sexual desires, fantasies, or feelings. He said that "sex was not important, but it probably would be at the proper time". He had no previous sexual experiences, unwanted or otherwise. He had however, seen explicit pictures and restricted videos.

CASE #3

G. was a 14 year old teen, dark in complexion, of medium height and wiry build. He lived in a rural setting near a village at the edge of the county with his natural parents and his two older sisters. The father was a farmer and part-time mechanic, while the mother worked as a relief nurse in a nursing home. The oldest sister also worked, and the other sister attended high school.

G. was in a special education class at about a grade 7 level in public school. He was diagnosed as having dyslexia about four years ago. According to the family, the school personnel resisted applying and reacting to the label; rather, they believed G. was just "lazy", since his sisters had been "A" students. This caused a struggle between the school board and the parents. Prior to the school problems, they had no concerns about G.'s development. G. expressed little motivation about school. He saw himself as a mechanic for farm machinery in a few years, regardless of whatever schooling he had.

It had been disclosed that G. had molested his 11 year old female cousin. The victim and her younger sister were visiting on the farm and playing with G. out in the wooded area of the sugarbush. He approached his cousin and fondled her breasts and genitals. He told her that "it was okay,

that all boys and girls do it, and that he had done it with his girlfriend". The child later told her teacher that G. had touched her. Her parents confronted G.'s parents. G. admitted to the substance of the allegation. None of the parties desired police involvement. The CAS was called for advice, on the urging of another relative.

It was the intake worker's impression that the parents were minimizing the situation. The mother was quick to point out that the victim had been a nuisance on many occasions, and was believed to have stolen an item of jewelry from them. However, they agreed to allow G. to participate in the study, and to seek help for him.

G. remained reserved throughout the interview. While he appeared upset by the whole affair, there was no parallel feeling of total responsibility and guilt around the acts that he committed on his cousin. It was obvious that he was over-indulged by his parents. He had been given a motorcycle, horse, computer, snowmobile, and whatever else he asked for. There had been much preferential treatment over his sisters. He got away with physical aggression towards his sisters when he was angry. Because he had lost a grade in school, he did not have as much contact with his friends. He tended to be shy with girls his age.

CASE #4

R. was a 16 year old teen who had recently moved with his family from the country into the city. He lived with his natural parents and two younger sisters in a new middle class suburb. R. presented as a very handsome, tall, reserved young man, looking somewhat older than his stated age.

R. was a grade 11 student in an academic program, with an average performance. He expressed some motivation to seek post secondary education, and although he had no specific career goals, he considered working in the army.

Prior to R.'s move, his family had been neighbours of the victim's family, and had socialized with each other. As a result, R. had often visited the victim's home, and he was well liked by them. In particular, R. was very close to the victim's father. The father attended many of R.'s hockey games, and seemed to show a lot of interest in him. He also helped R.'s family through some probematic times, particularly some crises related to R.'s alcoholic father. R. had been hired on his farm during the summer months. It was on this basis that R. had the opportunities to be a caretaker for the victim and to initiate the sexual offence.

R.'s victim was an attractive, normally spunky 10 year old girl. She disclosed the abuse to her mother after asking her "if a twelve year old could become pregnant?".

The first incident occurred when R. was babysitting. He followed her into her bedroom when she was to change for bed, saying that he had been instructed by the mother to help put on her pyjamas. She tried to avoid him by going to the bathroom, but he remained in her room until she came out. He finally backed her onto the bed and told her to take off her bottoms, which she did because she was scared. R. then licked her genital area and instructed her to suck his penis, which she finally did. Following the incident, he told her not to tell her parents.

The second incident occurred when R. and the victim were out in the field doing chores. When they were alone, he exposed his penis to her and asked her to "do it" again. She refused and ran away from him. There was one further similar event with the same outcome. The child decided to tell her mother when she heard on the radio about a twelve year old girl who became pregnant.

The parents of the victim then contacted the CAS for assistance. They did not want police involvement because they could see no benefit to R. being charged. Additionally, the child would not talk to the officers because she knew many of them and it would have been too embarrassing. R. readily admitted to the allegations, and both families agreed that help should be sought for him.

R. was very open to being interviewed, and his self-reproach for his behavior was very evident. He

initially had much discomfort and difficulty talking about the sexual molestation. He did not know why he committed the acts on the victim. He claimed that he had never had any prior sexual experience of a similar nature with any other girls. He had learned about fellatio in a pornographic book. He was attracted to the victim because she was very athletic and competitive, and basically friendly.

R. felt that he was closer to his mother than to his father. His father has been a chronic alcoholic, and this has had a significant impact on the family. R. resented his father for abusing alcohol, but he also found it difficult to respect his mother because she always gave in to his dad. The closeness with his mother bordered on smothering, but he felt that he could not get angry at her because "she gives love to him". R. was very sensitive towards his younger sisters. He suggested that he showed more responsibility towards them than did his father.

Surprisingly to R., his father was not as angry at him around the sexual abuse as he would have expected; rather, he was somewhat supportive. His mother, on the other hand, was initially enraged at him.

CASE #5

K. was a 13 year old chubby, freckled-faced youth, with

an enduring sheepish expression. He lived with his natural parents in a small community. He was the middle child of three boys. Neither of his brothers were aware of the sexual abuse, on the insistence of the parents.

K. attended grade 8 in a local public school, with an average standing. He did not like one of his teachers, and this caused a certain amount of stress around school. He had no ambitions, preferring rather to concentrate on hockey. He played on an organized team, and took some pride in his ability.

K. sexually assaulted a young girl of almost 4 years of age, whom he had been babysitting in the neighbourhood. He first approached her in her bedroom but the younger brother wandered in. He put the young toddler to bed and then sat on the floor with the victim and watched TV. She had mentioned earlier that her mom had recently put vaseline on her genital area. He offered to put vaseline on, which he did, and then "had sex with her". He clarified this as attempting to penetrate her. The child disclosed to her mother, and a medical exam supported the allegation.

The incident was investigated by the CAS, and K. was charged by the police. He admitted to the allegations. K. reported that his parents were very angry at him. His mother, in particular, held much animosity about the whole affair because she had been a victim of sexual molestation as a child. She ultimately shared this fact with K.

The father accompanied K. to the interview. After a brief meeting with the father, the youth was interviewed alone. K. was very soft spoken and anxious during the interview. He suspected that the present involvement was part of the court process and the eventual punishment he would receive. This was clarified as not being the case, and he began to be more at ease. He said that he felt "awful" about what happened. His father reported that he was having trouble sleeping. K.'s account of the offence indicated that he planned the encounter the whole time he was at the victim's home; it was not a spontaneous or impulsive act. However, he claimed to have gained no pleasure from his actions.

K. had no appreciation of how such behavior could be harmful to a child victim. He did not know it was wrong and against the law. He said that he did it because "he was curious as to what it would be like". His level of knowledge of sexuality seemed very low, and in fact, his level of maturity seemed delayed. There was no recollection of ever having been involved in any previous sexual behavior, wanted or unwanted. He had seen some "dirty" books that belonged to his dad.

CASE #6

T. was a 16 year old teen, tall and gangling in build,

attired in a baseball hat and jacket throughout the interview. He lived with his natural parents in an established middle class neighbourhood. Also in the home were his sisters, aged 9 and 10. His father worked as a technician, and his mother worked part time in a bank.

T. attended grade 11 in an academic high school program, with slightly above average progress. His extracurricular activities centred around church groups, refereeing hockey in the winter, and umpiring baseball in summer.

An allegation had arisen from an eleven year old girlfriend of T.'s sisters who lived in the neighbourhood, that T. had sexually molested her and his sisters. The police were called in, and T. admitted to molesting her on several occasions. He also admitted to being involved with sexually touching his sisters over the past two years. The police decided not to lay charges on the basis that T. admitted to his involvement and the family would seek help for the children.

T. displayed an attitude of indifference as opposed to remorse in the interview. He related that he often cared for his sisters when his parents were out of the home. He would "horse around" with them and their friend, and in doing so would touch them sexually. He did not consider such behavior as wrong or harmful. He believed that it was common for someone his age to be sexually involved with

younger children. The parents also minimized the significance of the behavior, and actually blamed the young neighbour for stirring up an unnecessary fuss. The mother seemed to be of the attitude that male adolescents were prone to experiment with young children given the opportunity. Overall, the parents, who were in the later middle aged years, seemed very uncomfortable confronting sexual issues.

T. lacked adequate social skills in relating to peers, particularly girls his own age. As a consequence, he ended up playing with his sisters and their friends, or participating in activities where he was put in positions of control, such as the leader of a younger church group, or the umpire of a game. Although he did many things in common with his father, the two were not close. He had no sense of sexual knowledge or guidelines of behavior from his parents. His immaturity and low self-esteem were very evident in the interview.

CASE #7

E. was a 15 year old youth, with a physically appealing yet impish quality about him, and an upper body responding to weight training. He lived with his natural mother and step father in a subsidized townhouse development. His 12 year old nephew also resided in the home, while three older

sisters and two older brothers lived elsewhere. E. and his family formerly resided in the country, and he regreted moving from the country into the city. The stepfather worked as a truck driver, and the mother worked occasional menial jobs.

E. attended grade 10 in a vocational secondary school where his progress was said to be fair. He worked at a local employment program three or four afternoons a week. He claimed to have played Junior A Hockey but "quit because it was boring". This was clearly a fabrication because of his age, but it was unclear as to the purpose it served. He reported that he had previously been charged with shoplifting.

E. molested a 6 year old girl in the neighbourhood by getting her to pull down her pants. It was suspected that he had repeated this act with other younger girls. No touching was reported in the allegation. He was charged with sexual assault by police, and was to appear before the Youth Court. He stated he would be reluctant to talk about the allegations in depth until the court proceedings were over.

Overall, E. was open but selective in the interview, and somewhat of a "charmer". He said he was "upset" by what happened, but there was no sense of genuine remorse. He viewed the victim as a "little brat". He reported that he himself was sexually abused by his natural father at the age

of one. He was more recently abused by an adult male in the neighbourhood. E. was to be a witness around the court proceedings against this individual, who actually had multiple victims. E. had some difficulty talking about being a victim.

This lad seemed to be a product of a disengaged family, from the discription of the relationships in the home. E. said that he was closest to his big brother, whom he had been linked to for the past two years. His mother and stepfather appeared to have given him much autonomy around his day to day life.

CASE #8

H. was a 14 year old teen, chubby and round faced in appearance, with an unfaltering, penetrating stare. He had an unfortunately odd appearance due to a chronic disease, his closely cropped brush cut, and large eye glasses. He lived with his natural mother, stepfather, and younger half sister in a middle class neighbourhood. H. had three older brothers who were out of the home. His stepfather worked out of town during the week in construction. His mother worked as a receptionist.

H.'s natural father left the family when H. was one and a half years old. The mother and H. were involved in a car accident just prior to that, which placed the mother in a

body cast for over two years. The stepfather joined the family when H. was six years of age. H. has also been treated for epilepsy. His school performance has been hampered by a learning disability and very poor small motor skills. The parents reported that they have constantly struggled with school and medical authorities around H.'s performance. They perceived the school as not giving H. a chance to prove himself, instead they pushed him towards special needs resources. H. was in grade 8 at this point in a public school with some special education input. At school, he was often as the butt of ridicule and abuse. He had no enduring friends his own age; rather, he tended to play with four to six year olds in the neighbourhood.

H. molested at least three younger boys in the neighbourhood. He first took a four year old into the woods, where he put his hand on his crotch and felt his penis. He then pulled down the child's pants and his own pants, put the boy's penis on his own, and kissed him on the lips. On another occasion he forced him to commit fellatio. The child told him later that he had told his mother, and H. left him alone after that.

H. invited another four year old into a tunnel in a play ground where he laid the boy on top of him and stimulated himself. On another occasion he committed fellatio on the boy. The same pattern was repeated on another five year old boy. He initially reported that he

penetrated the third child anally, but later retracted that aspect.

One of the victims' mothers had her doctor examine her child, and he reported the assault to the Police. H. reported other unsuccessful attempts to have "sex" with other young boys. He talked about always being interested in boys. He claimed that he has never touched girls and is not interested in having sex with them. He felt very different from other boys and very alone. He was questioned about whether anyone had ever molested him, but denied any such event.

When one of the victim's mothers informed H.'s mother about an assault in the previous year, she approached her family physician for treatment for him. He reassured the mother that "it was normal sexual play". The persistence of the behavior left her angry at the doctor. Despite her feelings of anger and revulsion, she very much wanted help for her son. The police declined to investigate or lay charges given that none of the victims' parents sought police involvement. They urged the parents to seek help for H.

H. engaged readily in conversation during the interview, but many of his responses were given in a detached manner. It was difficult to keep him focussed on a particular topic. Overall, he was extremely immature, and most of his social skills related to childish interests. He

was very attached to his mother, and admired his stepfather. He had occasional contact with his natural father, but did not attach any emotional significance to that relationship.

CASE #9

A. was a 14 year old youth, of small stature, and extremely polite in presentation. He resided with his natural parents and younger sister in an older part of the city. His father worked as an alarm installer, and his mother, who was expecting another child, worked at a library.

A. attended grade 9 at a Catholic Secondary School, where he concentrated on instrumental music and humanities. His academic progress was sporadic, as he claimed to be in conflict with a couple of the teachers, resulting in lower grades. The parents received calls from the school on two occasions because of disruptive behavior. Recently, he sneaked out of the house after his parents went to bed and stayed up late with a chum in the neighbourhood. His parents were taken aback by such behaviors, because they found him to be quite manageable in the home.

A. sexually molested a 5 year old boy in the neighbourhood. While they were in a play fort, he claimed that they both agreed to pull down their pants and suck on

each other's penises. This happened on two occasions. On the second, the younger child's brother caught them, and the parents reported the incident. The police investigated, and did not lay charges.

A.'s mother readily agreed to her son's involvement in the interview, and pressed for further support. She accompanied him to the session. A. seemed undaunted by the line of questions, but his responses were reserved at times. He understood his behavior to be wrong because his "parents had talked to him about sex crimes". However, he seemed to have no sense of remorse for the young boy, and only regretted his actions when he met with the police.

A.'s early development was reported to be uneventful. He said that he was picked on by other kids in early grades because of his small size. He now participates in weight lifting at the urging of his dad. The father apparently was persecuted by gangs of neighbourhood youths when he was younger, and now feels that proper physical training can compensate for small size. A. claimed that his father would occasionally fly into a brief but severe rage. His mother seemed to present a gentler influence on her son, and she obviously promoted the music training.

A.'s father was struggling with the fact that the abuse was a homosexual act. A. was also aware that his parents were concerned about the relationship that he had with an older girl from his school. He claimed to be just a good

friend of hers, and found her to be more intellectually compatible than other girls his age.

CASE #10

C. was an 18 year old young man, distinctly handsome but with an air of the "classroom punk" in his black leather jacket. He lived with his natural father in a townhouse located in a working class neighbourhood. His father worked for a mechanical contracting business. C. had only come to live with his father in the last two years. He had a tumultuous life up to that point. The father left the home when C. was four. C. had severe behavioral problems which were exacerbated by the mother's maltreatment of him. He was placed in a psychiatric facility for two years, and then went into the care of the Children's Aid, where he was placed in a foster home for eight years. He tried living with his mother for a year, but problems developed again. He moved in with his father and his common-law partner at that point. The partner and her children finally moved out because of physical abuse. The father reported that C. cooperated very well in the living situation, and there were no serious problems.

C. attended grade 11 at a vocational high school. He was doing a work placement in restaurant cooking, and was reported to be a good student.

During the period that C. had his half sister and half brother in the home, he was often left to babysit. In retrospect the assignment of such a responsibility was surprising since the parents were aware that C. had indecently exposed himself to the children very early on. The mother had also noted "C's" propensity to use sexually charged language, and his degrading attitudes toward women. Eventually, it was alleged that C. had physically and sexually abused his 9 year old half sister while he babysat them. He would hold her down and "hit her with a stick on the privates and the stomach". Sometimes he would undo the zipper on her pants, and put the stick against her vagina or touch her there. He threatened her to not tell anyone about the incidents or he would hurt her worse. He constantly reported to the mother that she was a difficult child to look after, and would call her "ugly and stupid". Although the girl would indicate to the mother that she was afraid of C., she did not disclose the abuse until they moved out of the home, and were in a family therapy session at a children's mental health center.

The police investigated the matter but did not feel they could press charges since the victim would not make a statement to them, nor would she make a credible witness. The father demanded that C. seek treatment if he were to continue residing with him. C. held no ill feelings for the CAS from his years in care, and was agreeable to being

interviewed with a goal to better understanding his problem and to learn where to seek help.

C. was polite and seemingly confident in his presentation. He had a noticeable facial tic as he spoke. His most vivid memories were those of being left by his mother in a psychiatric institute as a child of five years, and not knowing why he was there. He recalled banging his head on the wall from frustration. Although his early life was fraught with painful experiences, it was not reflected in his affect. He seemed to be confused and upset by what he had done to his half sister, but displayed no genuine remorse for his actions.

Of all the subjects in the study, C. presented the most disconcerting picture around the offensive behavior, and the extremes of aggression and suppressed pain.

CASE #11

N. was a 15 year old teen, presenting a studious appearance with a noticeable affliction of acne. He lived with his natural mother and father, younger brother, and maternal grandfather, in a middle class suburb. His father worked in manufacturing, and his mother worked part time in sales.

N. was in grade 11 in high school, where his academic progress was above average. He had no fixed career goal,

but was considering a university education in computer programing. He did not participate in any sports or extracurricular activities at school. He liked watching TV, playing with his computer, or participating in church groups.

N. sexually molested a five year old girl whom he was babysitting in the neighbourhood. He admitted to a number of events during which he touched her genitals, occasionally with digital penetration, and having her masturbate him. The child eventually disclosed to her mother. The CAS and the police were called. The police charged him with sexual interference and invitation to touching.

The social worker for the family saw the family system as a closed one, with disengaged or underinvolved relationships. N. reported feeling very "alone" in the home. In fact, he considered himself to be closest to his brother. His mother suffered from mental health problems, leaving him with an anxious attachment to her. She was formerly seen to be overprotective of her children. He seemed to have a very poor self esteem and lack of social skills. This was evident in N.'s report that he did not have a peer group, nor has he ever dated any girls.

N. knew that what he had done was wrong, but he "never really thought about it being against the law". He explained his behavior as stemming from the fact that he "was aroused, and it was easy to take advantage of her". He

was one of very few of the subjects that acknowledged being aroused at the time of the offence. He reported that he had read explicit sexual material in books.

CASE #12

O. was a 16 year old youth, tall and well proportioned with a handsome but baby-faced appearance. He lived with his natural parents, twin brother, and younger sister in an upper middle class home in the suburb of a small town. The father worked as a businessman, and the mother filled much of her time in community service and supporting the extracurricular activities of her children. They considered themselves to be a close knit family, and appreciated living in a small community after a number of previous moves.

O. attended grade 11 at the local public secondary school, and was an above average student. He related that he was a "model student, and well liked by classmates". He also played hockey, refereed other sports, belonged to cadets, and worked part time in the recreational facility. He had apparently never displayed any behavior problems in the school or community. In fact, he offhandedly described himself as "practically next to God".

O. was discovered by his father to be sexually involved with his 11 year old sister. O. was seen coming out of his sister's room looking quite guilty. The father entered her

room as she was pulling her night gown back down. According to both children, O. had gone in his sister's room to say goodnight to her, as he does fairly regularly. On this occasion, he pulled down the blanket and then removed her underpants to her ankles. As she lay on her back, he had oral sex with her for a minute or so. The girl stated it felt "yucky" and she wanted to scream for her parents, but her sore throat prevented her. They both stated that it had only happened the one time.

The parents contacted their family physician, who referred them to a psychiatrist. They were then referred to the CAS, and the police were contacted. No charges were laid.

In the interview, O. was remorseful about his behavior and the grief it had caused his family. He was extremely polite and anxious to please. It was clear that sex was not a comfortable topic in the home. He felt that he was sexually stimulated by some pornographic magazines that he had brought into the home, and he acted out on his sister. Although he had a group of friends of both sexes, he had never dated an age mate. There was no history of victimization or incest in the family system.

CASE #13

W. was a 16 year old teen, burly in appearance, with

freckles and red hair. Although he had been in Canada over two years, he still had a rich Scottish accent. Until his move to a foster home, he resided with his natural mother and younger brother in a central Ontario community. His parents had separated just before his brother was born, and his father continued to live in Scotland. The relationship with W.'s mother became increasingly conflictual, resulting in a planned placement out of the home by the CAS. He then located in Southwestern Ontario where he was accepted into the home of family friends.

W. was in grade 10 at high school, where his progress was generally poor. He had a severe delay in reading and writing. He stated that he was involved with drug and alcohol abuse while he was with his mother, and was easily influenced by peers. He felt very much like the "black sheep of the family". Since moving to his new home, he has avoided drugs, etc. and has been making some more appropriate relationships.

After moving from his mother's home, his nine year old brother disclosed that W. had sexually molested him. He reported that W. forced him to become involved in mutual fellatio. This happened on at least two occasions. The matter was investigated by CAS and the police. To date, the police have not laid any charges. Initially, W. denied the allegations, but later admitted to a portion of them.

W. had also recently disclosed that he had been

sexually abused by his father while in his care for a short time when W. was four or five. He reported that he still has nightmares of "his dad coming into his room and abusing him". His dad threatened to kill his mother if he talked.

W. had no remorse for his behavior with his brother. He minimized the whole experience and the potential impact on the child. Otherwise, he was very open in the interview, and spoke very confidently about his life situation. He had been in a therapy group for behavioral problems while in the foster home. He declined to become involved in any further counselling measures.

CASE #14

P. was a 14 year old teen of average height and build, who maintained a downcast expression throughout most of the interview. Until the disclosure of the offence, he resided with his natural father and stepmother in a small house located in a rural village. Also residing in the home were P.'s younger brother and sister, a younger stepbrother, and a younger half brother. The father worked in manufacturing, and the stepmother worked as a store clerk.

P. was attending grade 9 in an academic secondary school by the time he became involved with the CAS. His progress was deemed to be average, which was surprisingly above his usual school performance. After the disclosure,

he relocated to live with his natural mother for a short time, then returned to a placement with a family friend near his father's home. As such, his time was much more structured, and he was compelled to spend more time on homework, etc. He was very athletically inclined, playing organized baseball, track and field, and helping coach a younger league. In the summer, he worked as a farm labourer.

It was alleged by P.'s 10 year old sister that she was awakened late one night to find P. on top of her. He had pulled up her nightgown, laid on top of her, and attempted sexual intercourse with her. She told him that she was going to tell her parents, and he stopped. She saw his penis when he got up from the bed. She woke up her stepmother and told her what happened. Eventually, the event was investigated by the CAS and the police. It was further disclosed that P. had simulated intercourse with his sister and half brother a few months earlier while they were wrestling with each other. They were all clothed at the time. At other times he attempted to kiss his brothers and touch their privates. P. initially denied the allegations, but gradually tacitly accepted them. He was charged with sexual assault and incest, leading to Youth Court appearances.

P. was very mild-mannered throughout the interview, and clearly embarrassed by some of the discussion. His younger

life was marked by instability around the parental relationships in the home and residential moves. While there were inferences of physical abuse and problem drinking in the home, there was no report of any sexual victimization of P. or other incestuous patterns in the family system. P. viewed the court process seriously and with great consternation. He had not been aware that what he did was a crime. P. seemed to be bereft of any close friends outside the home, and had not dated age appropriate girls. He stated that he had read about explicit sexual acts in a "dirty" book.

CASE #15

J. was a 12 year old lad, who because of his size and features could easily pass for two or three years older than his stated age. He presented as an energetic, handsome young man, with a hint of a speech defect that flavoured his English accent. At the time of his offence, he lived in a country home outside of London with his stepfather, his natural mother, a younger brother and sister, and three younger stepbrothers. His stepfather worked as a car salesman and his mother worked with a voluntary service organization. J.'s natural father continues to reside in England.

J. attended grade 7 in a public school with a slightly

above average performance. His career goal was to become a RCMP Officer. He was not involved in any sports or organized activities, but occasionally frequented a teen nightclub. He claimed to have a sizeable group of friends.

J.'s mother decided to leave the stepfather a few months ago. Eventually, the 8 year old stepbrother informed his dad that J. had sexually molested him. J. admitted to engaging the boy in fellatio on a number of occasions. He claims that he did not use force but "probably scared" him into doing it. The father did not want the police involved, but the allegation was investigated by the CAS.

In the course of the above investigation, J. himself disclosed that he was molested by a former common-law partner of his mother's when he was 7. This allegation was pursued by the police, and in fact, the perpetrator was charged with sexually assaulting J. and his own children. J.'s case was opened to the CAS for support as a witness in the latter incident, and assessment for his offending behavior. The mother was supportive of the service, and the research interview.

J. was pleasant in the interview, but guarded in many of his responses. He viewed the sexual exploitation of his stepbrother as "strange", and could recall that "it did not give him any good feelings". He was not prepared to take full responsibility for his behavior, and could not see that his actions held any harm to the child victim. He adamantly

denied that he had any sexual desires, fantasies, or that he masturbated, even after the question was posed in a number of ways. He said that he was too young to be interested in girls, but he had seen some "dirty videos".

J. admitted to being very close to his mother. He experienced a significant loss when his grandfather died when he was 11, as they had been close. Although J. was verbally very articulate, he was not as emotionally mature.

Summary of Data

In order to address the research questions outlined in Chapter III, the combined data provided by the subjects were examined. The ensuing general observations have been presented in the following section. The subtitles are consistent with the themes of the research questions.

Research Question #1

Characteristics of the sample. The first twelve questions in the interview schedule were directed at the personal attributes of the sample. The average age of the subjects was 14.5 years. The ages ranged from 12 to 18 years.

All of the adolescents were living in the home of their custodial parents at the time of the offences. All but one of the 15 cases had two parents in the home, and other siblings in the family. Most were the oldest of the siblings in the family. All were the natural children of at least one of the parents in the homes.

All of the teens were attending school in a variety of programs. Most had an academic performance of average or above average level. A few had career goals in mind, such as in the Air Force, city police, and in the RCMP. Almost all were involved in extracurricular activities,

particularly organized sports.

A third of the sample declared an affiliation to church and attended regularly. A couple of them participated in youth groups there, and viewed them as a central source of social outlets.

In response to the question of any previous nonsexual offences, only one subject reported such an offence, namely, shoplifting. Almost half of the teens reported an average or above average number of peer relationships.

Generally, the teens were cooperative and they made an effort to answer all the questions posed to them. Not unexpectedly with teenagers however, their answers tended to be succinct, and further probing was necessary to have them expand on details. The subjects ranged from nervous and guarded in presentation to open and uninhibited. In the interviewer's judgment, they were mostly of average intelligence, but apparently below average in maturity.

Research Question #2

Particulars of the sexually abusive behavior. The nature of the sexually abusive behavior was outlined in the interview. A total of 18 victims were reported by the subjects, 13 of which were female, and 5 were males. The average age of the female victims was 7.8 years, ranging from 2 to 11 years. The average age of the male victims was 6.2 years, ranging from 4 to 10 years. Table 1 illustrates

the distribution of victims according to age of victims and perpetrators.

TABLE 1
Distribution of Victims by Age and Sex

		Age and Sex of Victim			
Age of Subject	N	0-3yrs	4-6yrs	7-9yrs	10-12yrs
13 & under	4		F	F M	F
14	4	F	MMM		F
15	4			FFFF	M
16 & over	3		F	F	FF
Totals	15	1	5	7	5
F = female victim M = male victim					

The relationship between the perpetrators and the victims were as follows: babysitter (5 victims), sisters (4), stepsister (1), brother (1), step brother (1), cousin (1), and neighbours (5). In all cases the victims were clearly known to the adolescent. Table 2 describes the primary sexual acts reported by the subjects. In two of the cases there was clear evidence of aggression. Most of the verified offences consisted of three or less separate contacts per victim.

TABLE 2

Sexual Abuse by Sex of Victims

Primary Sexual Act	Number and Sex of Victims		Total
	N Females	N Males	
Sexual touching	8	1	9
Oral sex	3	3	6
Vaginal intercourse	2		2
Anal intercourse		1	1

All 15 of the cases were investigated by the Children's Aid Society, while the police were involved in 12 of them. Charges were laid in four instances, leading to court appearances. In most cases of this type, it has been common practice that the youths have been placed on probation.

All of the subjects reported that it was uncomfortable for them to discuss the abusive behavior. Five of them expressed no remorse to any extent (i.e., a profound sense of guilt). The remainder appeared bothered and upset by what they had done, but it was difficult to discern any genuine remorse from their confusion and embarrassment.

Significance of the sexual abuse to the adolescent.

The questions in this section of the interview attempted to elicit the subjects' perceptions, feelings, and attitudes towards their problematic behavior. There were a variety of responses to the direct question, "how do you feel about what you did?". Most of the teens struggled with the question before answering. They related that "it was stupid, a mistake", "it was bad", "it was wrong, I felt guilty", "it feels strange", "it's confusing", "not sure of feelings", "I didn't feel regretful until I talked to police", and "it was a dumb thing to do". When they were asked "what they liked about the experience?", only one subject admitted to liking the physical pleasure of the act; the remainder reportedly liked no part of what they did.

While most of the respondents had a sense that their actions were wrong, only three of them knew that what they had done constituted a crime. Likewise, 10 of the subjects, or two-thirds of the sample had no understanding or empathy of the victim impact of their behavior. The others believed there could be harm, but were unclear as to what form that harm could take. One of the group suggested that the victim "could grow up wierd".

When asked about their attitude towards child molesters or sex abusers, they responded that "they're sick, but can be helped", "they don't think right", "they're not very nice, something's wrong", "I don't understand them", and

"they'd better stay away from me". As to their view of an ideal consequence for the offence, most suggested that they "get help". Three of them said that the offender should be "locked up", especially adult offenders.

It was queried as to whether the subjects were aware of sexual arousal at the time of the offence. Because of the possible lack of understanding of the terminology, the interviewer made a concerted effort to explain and attain a common understanding of the meaning of "sexual arousal". In any case, only two of the subjects admitted that they were so aroused. Another two could not remember, and the rest were firm that they were not sexually aroused. Their general view towards sex was then explored. For some, sex was equated with trouble. Others thought that sex was not that important, and as one teen stated, "it might be more important at the right time". Another teen believed in the biblical teachings around sex. Three of the teens liked sex or thought it was all right.

Most of the subjects believed that they understood the difference between sex and affection. Many considered the giving of "hugs" to be the standard form of showing affection. Two youths suggested that friendliness or helping someone in trouble was affection. Another two stated that they experienced no show of affection in their home life.

None of the subjects had any problems with eating,

while three of them had restless or tense sleep at night. None of the subjects had any fixed insight around the cause or motivation for their offensive behavior. One of the teens suggested that he "may have heard about it somewhere", and another thought he "was angry at the victim". Only four of the respondents were clear that they were responsible for their actions. Many were not sure "who or what" should be responsible. One teen stated that his victims "agreed to have sex". Another echoed his parents view that "if his sister's friend had not spent so much time in their house, she wouldn't have caused so much trouble".

Nature and significance of past sexual experience. A series of questions were directed at historical information with regards to sexual experiences. Five of the subjects claimed to have had sexual contact with other persons prior to the offence. Three of these cases were considered to be non-consenting ones in that their own father molested two of them at ages 1 and 4 respectively, and a stepfather molested the third one at the age of 7 (cases #7, 13, 15). They have long since moved away from the abusers. The consenting cases consisted of "playing doctor" with an age-mate at the age of 7, and a declaration by the oldest teen that he had been sexually active with a number of consenting age-mates since the age of 15.

All of the subjects stated that their sources of sex

education included school. Peers were another source of education for some, and four of them received some information from parents. Seven of the youths acknowledged that they masturbated at unremarkable frequencies. The other eight reported no participation in such behavior. All of the sample had passed through puberty. A couple of the teens felt that masturbation was "gross", and one felt that it was prohibited in his home by parental attitudes.

Two-thirds of the sample stated that they had no sexual fantasies. Again, this question was posed with extra clarification. Those who had fantasies described them as sexual imagery involving females in their peer group or in the classroom. One volunteered that he occasionally fantasized about two women engaged in sex acts with each other. He was concerned that this was a "bizarre fantasy". None of the subjects felt that they had same-sex desires. Six of them said that they had no physical desires whatsoever towards either males or females.

Only a third of the sample had some form of dating experience with girls. Two others felt that they would not be comfortable around girls. Some felt they were too young to date anyway, or there were no girls that interested them. Most subjects were aware of and concerned about sexually transmitted diseases (particularly AIDS) and unplanned pregnancy.

Almost all of the teens had been exposed to sexually

explicit materials. Many had seen pornographic magazines belonging to their father or an older sibling, or they brought them into the home from friends. "Soft porn" and restricted videos were readily accessed by this group and seemed to becoming commonplace.

Only one of the subjects expressed any uneasiness about the topic of homosexuality. The others had either a liberal, tolerant view or no opinion at all.

Research Question #3

Perceptions of intrafamilial relationships. The questions in this section focussed on the perceptions of the adolescents' relationships with other family members. All of the parents were angry and upset at their sons when they first learned of the offences. In three of the cases, the mothers were described as "hostile" and "revulsed". In two of the cases, the parents determined that the siblings were not to learn of the offence. Where the siblings did know of the circumstances, there seemed to be a mutual avoidance around discussing the issue. Subsequently, the subjects had little idea of how their siblings felt about the abuse. Most of the families were supportive of some form of helpful intervention for their son.

The adolescents were asked who they felt they were closest to in the home or extended family. The responses were split fairly equally between the mother, the father,

and another sibling. One of the youths indicated a close relationship with his maternal grandmother. Overall, the subjects all said that they felt a sense of belongingness to their family. Three subjects qualified their response with the impression that theirs were not "close" families.

Three of the subjects reported that their fathers had been physically abusive towards other family members in the past (cases #3, 11, 15). Two of these fathers also had an alcohol problem. Another two subjects had been sexually molested, one by a father and another by a stepfather. The stepfather also molested his own children. Otherwise, no other known incestuous patterns in the family systems were reported in the sample.

Only two of the subjects acknowledged that they had a clear sense of their parents' expectations around dating and sexual behavior. The teens who were not yet dating thought that their parents might lay down rules once they started going out with girls. Most of the youths, however, reported that sex was not discussed in the home and they had little knowledge of their parents' attitudes and expectations in that area.

Most of the subjects reported no major conflicts with their parents. The lad with the alcoholic father in Case #4 did have intense fights with him. Three others reported bickering with the mother on occasion. All but one of the teens indicated that they respected authority figures such

as police. The one exception in Case #2 was cynical about police.

Thirteen of the subjects could identify a significant loss in the past. Many of the losses centered on deaths of grandparents within the last four years. Others had their best friend move away, and in one case the friend was killed.

Measures of attitudes towards parents, and intrafamilial stress. A package of three standardized scales were administered to the subjects. Two scales measured the adolescents' attitudes towards each parent through his perception of the degree of common relationship problems. The third scale measured the degree of intrafamilial stress as perceived by the adolescent. Table 3 presents the aggregate tabulations of the subjects' scores.

TABLE 3

Measures of Subjects' Attitudes Towards Parents and Family

Distribution of Scores			
Range	Father	Mother	Family Relations
50-59	1		1
40-49		2	1
30-39	2	2	2
..... cutting score			
20-29	5	2	2
10-19	4	5	5
0-9	2	4	4
Average	22.2	20.3	21.1

These scales were interpreted such that the higher the score, the greater the magnitude of the problem. The author of the scales reported that subjects who score over 30 (the cutting score) generally have been found to have problems in that relationship being measured, while those who score below 30 have been found not to have such problems. In each

particular area being measured above, 11 of the 15 subjects scored below 30. The average scores fell within a 1.9 unit spread between each of the three scales.

Research Question #4

Attitudes and preferences concerning therapy. The concept of therapy was clarified in basic terms for the subjects in the interview. They were then asked for their attitudes towards counselling for themselves, their preference for setting, and personal choice of modality. None of the adolescents could be said to be eager about the notion of counselling, but seven of them indicated acceptance of the need to get some form of "help". Five others were nervous and reserved, but felt they would participate if it was made available to them. Two were skeptical about the need for therapy, and one clearly stated that he did not want counselling.

About half of the sample stated that they felt comfortable seeing a counsellor in an office setting. Five of them preferred to have sessions in their home, and two suggested a neutral setting in the community.

Nine of the teens indicated a desire for individual counselling as the modality of choice. Five others were attracted to a group format, and one would have participated in group or family therapy.

These findings will be discussed in the next chapter.

CHAPTER VI

Discussion of the Findings

In this chapter, an interpretation of the findings will be presented, and their significance to this study noted. Some of the data will be compared to that reported in the literature.

Research Question #1

This research question sought to determine the characteristics of the adolescent subjects in relation to their individual domain. In particular, the researcher was heedful of any features that would set the sample apart from the population of perpetrators in the literature or from the population of teens at large.

Characteristics of the sample. Dr. Nicholas Groth made the remark at a workshop in London in 1988 that "the type of sex offender that is seen by helping professionals, depends on the setting in which they work". No standardized profile of sex offenders, either adult or adolescent, has yet been

established. Therefore, it has been assumed that the presenting characteristics of adolescent offenders and their offences are quite heterogeneous. Consequently, it should be very difficult to obtain in any one setting, a sample that could be deemed to be representative of the whole population. This view was echoed by other researchers such as Ryan et al. (1987), and Becker et al. (1984) who have examined the demographics of adolescent sex offenders. Additionally, the sampling method used in this study was of the nonprobability type; therefore, this sample cannot be claimed to be representative of the larger population. However, this sample of 15 subjects comprised the majority of a total population of 19 adolescent sex offenders known to Family & Children's Services in the same period. This suggests that the sample may closely represent the type of offenders who come to the attention of child welfare authorities in Ontario.

The average age of the sample, 14.5 years, compares closely with other Canadian statistics; namely, 14 years for the 38 offenders studied by Stermac and Mathews (1987) and 14 years for the 56 adolescents studied by Saunders et al. (1986).

It was notable that all but one of the families of the subjects were two-parent or "intact" families, and that none of the adolescents were adopted. Generally, a substantial portion of CAS client families of teens who exhibit

antisocial or criminal behavior are one-parent families, or the teens themselves are living in transition, that is, in group homes, on welfare, and so on. The most recent statistics on client families of the London Family & Children's Services stated that approximately two-thirds of open cases were single parent families, compared to a tenth of the general population of the city (Young and McEachern, 1983). All of the subjects were white males, and except for one case, they resided in middle class neighbourhoods. Two youths had been involved with social services in the past, and one had a non-sexual offence in his history. A very different picture is portrayed in the literature. In the study of 67 adolescent sexual perpetrators from New York by Becker et al. (1984), only 12% were caucasian, 35% were residing with single parent mothers, 30% resided away from their parent's home, 30% had previous non-sexual offences, and 89% had previous sex offences. Saunders et al. (1986) reported that two-thirds of the offenders had mother-led families, half were involved with social services, and most had previous delinquencies. Stermac and Mathews (1987) found that half of their sample were involved in non-sexual crimes, and a third were involved with social services. In the results of the study of 297 male adolescent offenders by Fehrenbach et al. (1986), less than one-third lived with both natural parents, the same number lived with one natural and one step-parent, and 23% lived with one parent. In

addition, 44% had committed at least one prior nonsexual offence. The latter four studies were based on samples derived from perpetrators who were charged and before the courts or on probation.

As stated earlier in Chapter III, the researcher was interested in better identifying and treating those adolescent perpetrators that are more likely to come to the attention of child welfare personnel. On first appearance, most of the subjects presented as well groomed, fashionably attired, attractive youngsters. Their patience and absorption in the interview was atypical of the teens that one confronts as a CAS worker. As Deisher et al. (1982) cautioned, the pleasing and positive impression presented by these clients may make it easy to minimize the seriousness of the problem behavior.

Over two-thirds of the sample were the oldest or only child in the family. Bremer (1984) highlighted the placement of her adolescent subjects in the sibling constellation in her study of 53 offenders. She reported that those who committed incest-type offences were typically the eldest or middle children in the family. It should be noted that "incest-type offences" refer to sexual contact with a member of the current extended family, including step relatives and non-relatives living with the family. Those who committed non-incest offences were more often the youngest or only child in the family. In this study, all

the incest offenders were indeed the oldest sibling, but non-incest offenders were a mix of sibling positions. The issue of authority that is imparted to the oldest sibling may be an important variable for incest offences. Further studies of larger samples will need to be carried out in order to determine the influence of sibling constellation.

A number of studies pointed to consistently poor school adjustment as a characteristic of the adolescent sex offender population: Awad et al. (1984), Fehrenbach et al. (1986), Groth and Loreda (1981), Jackson (1984), and Stermac and Mathews (1987). These findings were not supported by this study in which all the subjects were attending school regularly, and performing reasonably well.

It was intriguing that the few career goals that were declared, namely, police and armed forces, should have as their purpose the protection of public security. More likely, it was the identification with power and control that attracted the youths in question. Similarly, the involvement in umpiring and coaching girls' and boys' teams, or leading church youth groups, (cases 6, 12, and 14) exposed these particular adolescents to opportunities where they were in control. Ryan et al. suggested that the adolescent "may conquer his earlier feelings of powerlessness, confusion, and victimization or trauma by taking control of others" (1987, p.387). Such dynamics certainly figure in the act of sexual abuse. While

extracurricular activities are usually beneficial for these youths, one should be cautious where imbalances of power exist and vulnerable populations, such as children, are subject to risk.

Overall, the present sample presented more favourable characteristics than reported in the literature. Therefore, the sample is distinctly different from the population of perpetrators described in the literature review. On the other hand, the sample presented no clear differences from the population of middle class adolescents at large. Nevertheless, the pervading sense of immaturity and the possibility of intrapersonal problems should not be dismissed. It remains for the clinician and the researcher to convincingly pursue a more in-depth assessment.

Research Question #2

This question focussed on the behavioral domain of the subjects and sought to determine the characteristics of the subjects' sexual behavior, past and present. Additionally, it sought to determine the significance of the behavior to the subjects.

Particulars of the sexually abusive behavior. Despite the small size of the sample, the descriptions of the sexual abuse provided by the subjects and the victims have value in and of themselves, albeit at the risk of offending the

sensibilities of the reader. Certainly, the case study format has more impact concerning the insidious nature of the victimization process than does numbers alone.

The ratio of male to female victims, and the average ages of victims for each sex compare very closely to Ontario-wide figures covering the period 1984 to 1986 (Mathews, 1987, p. 9; Stermac and Mathews, 1987, p. 11). In both the literature and the results of this study, male victims tended to be younger on the average than female victims.

In this study, 61% of the adolescents offended exclusively outside the family. This figure is at the low end of others quoted in the literature, for example, 75% by Bremer (1984), and 64% by Stermac and Mathews (1987). The selection of victims from within one's family rather than an acquaintance or neighbour may have implications for the role of family dynamics in the development of sexually offensive behavior.

Six of the 15 subjects were in a caretaking role at the time of the offence, which matches the rate reported by Fehrenbach (1986). A further five subjects offended against a younger sibling. Both situations involve the misuse of authority and power. These scenarios are possibly more tragic for the families involved. When parents entrust the care of their children to a babysitter, they are making a conscious choice to do so. The parents are consequently

endowing the babysitter with power that enables him to commit the offence. They are left to bear not only the pain of their child's victimization, but also the guilt of their own complicity in the choice. In the case of sibling abuse, the families are left with the reality of having both a victim and an abuser within the confines of their homes. There is perhaps small wonder why many such families have resorted to the defenses of minimizing or denying the offensive behavior of their sons, as some professionals have noted in the literature. On the other hand, it may be found that family dynamics significantly contribute to the abuse.

The proportions of sexual touching (45%) and intercourse (15%) involved in the sexual acts fit closely with those reported by Stermac and Mathews (1987). The 8 cases of fellatio and cunnilingus in this study, however, appear to be a higher prevalence than expected. Researchers such as Longo and McFadin (1981) suggested that there is a progression involved in the commission of sexually deviant acts. It is therefore difficult to believe that these are the first such sexually acting out behaviors as the subjects have stated. If they were indeed the first behaviors attempted by the adolescents, were they learned behaviors, and if so, how were they learned?

In the 12 cases in which the police were involved, charges were laid in only a third of them. There was no research available on the impact of court involvement to the

long term outcome of the rehabilitation of adolescent sex offenders. Nevertheless, all the subjects admitted to what are essentially criminal acts. The message to the youths when no charges are laid may not be serving the best interests of the youths.

Significance of the sexual abuse to the adolescent.

Deisher et al. reported that the "offender's treatment hinges on his understanding of the seriousness of his behavior and its possible consequences for the child" (1982, p. 281). Acknowledgment of one's misdemeanor is an intellectual process--the other component of true understanding is the affective response to the behavior. The presence of remorse has been a traditional cornerstone of rehabilitation for offenders. It is common, for example, to hear a defence attorney in court make an argument that his client "feels remorse for his actions". In this study, the determination of remorse was a subjective measure on the part of the researcher. The clinician has to be cautious that their need to perceive remorse is not to affirm that an offender feels the same abhorrence for the behavior as he or she does. Realistically, most offenders who have the capacity to demonstrate genuine remorse should not have been able to commit such a crime against another person in the first place. Adolescence is a stage of development in which individuals tend to be self-centred. Thus, it was not

surprising that the subjects showed little or no remorse.

In describing how they viewed their behavior, it was evident that most of the sample knew that what they had done was wrong. The teens had some amount of difficulty labelling their actual feelings. Many of them indicated that they received no pleasure from their actions. It was possible that they did experience pleasure at the time, but were reluctant to admit this given the aftermath of guilt and fear of getting caught, which has superseded any other recollection of the incidents. While they knew it was wrong, most of the subjects did not know that they were breaking a law. This is conceivable when one considers the myriad of laws in the Criminal Code covering sex offences, and the number of recent changes to those sections. Additionally, young people receive no education that would tie a particular sexual act to a particular law. This issue has significance in the area of prevention.

Similarly, the respondents had little or no awareness of the harmful effects of sex abuse on the victims. This has been noted as a common feature with adult offenders. Generally there was no physical injury or trauma to the child victim, nor were the victims perceived by the subjects as displaying any overt signs of distress. Consequently, the teenage offender rationalized and minimized the seriousness of his actions. Undoubtedly, many offenders may have resented the manner in which their parents and the

authorities reacted to the entire situation. There appears to be a need for education around the issue of victim impact.

The motivating factors underlying sexual misconduct by the adolescents may be one of the keys to understanding the problem behavior. The researcher had considered as a possible central factor, the question of whether or not the subjects were aware of sexual arousal leading up to and at the time of commission of the offence. It was somewhat surprising that most of the teens insisted that they experienced no sexual feelings or fantasies preceding or during the offence. It was difficult to interpret these responses. One might suggest that they further represented an attempt to deny or minimize the offence. It could also be a character trait of the offenders resulting from extensive use of defense mechanisms such as repression (the inability to remember internal phenomena such as wishes, thoughts, or fantasies), and disavowal (to deny the personal significance of the external reality). Saunders et al. suggested that a group of the adolescent offenders in their study displayed "a great measure of repression of sexuality, which is acted out without being experienced as sexuality" (1986, p. 547). On the other hand, the adolescents may be accurately reflecting their inability to be in touch with, and label their feelings and accompanying physiological sensations. A similar process termed dissociation has been

noted by those working with victims, whereby successive painful experiences are split off from awareness. Such reasoning may also account for the absence of sexual fantasies reported by two-thirds of the sample, and the foreign idea of stimulating one's own body through masturbation. This difficulty in expressing feelings associated with an absence of fantasies has been defined in the psychiatric field as "alexithymia", where it is thought to reflect a "preneurotic, more primitive pathology" (Taylor, 1984, p. 726).

One wonders what the long term effect of being identified as a sex offender will have on the subjects' sexual attitudes and capacity to have fulfilling sexual relations in the future. A number of them have already learned that "sex means trouble". They may benefit from sex education which has been tailored to the needs of this population.

The fact that none of the subjects had any insight into their behavior was not unexpected. Very few clients who engage in therapy because they are in crisis or psychic pain would have insight into the true nature of their problems. The notion of insight suggests some level of understanding about the problem which is then directed into positive and corrective action by the client. As the results demonstrated, adolescent sex offenders invariably misunderstand and are embarrassed by their problem behavior.

The issue of responsibility, as with that of remorse, forms part of the foundation upon which successful treatment must begin. If, for example, the adolescent were to continue to blame the victim for the offensive behavior, he would be using the same distorted thinking that allowed him to commit the offence, and is therefore at risk of re-offending.

Nature and significance of past sexual experience. The relationship between previous sexual experiences and sexually offensive behavior has not been established. The popular notion about sexual offending by adolescents is that the behavior is a direct result of their own earlier sexual victimization. In this present study, three of the subjects or 20% reported being molested as children. It is possible that one or more of the others also experienced victimization but for whatever reason did not report it. The following rates were reported by other authors: Stermac and Mathews, 1987, 24%; Fehrenbach et al., 1986, 19%; Becker et al., 1984, 18%. These rates fall within a narrow range; in any case, they are not high enough to support an all-encompassing causative relationship. It has also been accepted that there are many male victims who do not offend. In a study of the incidence of sexual abuse among non-clinical samples of males, Finkelhor (1979) reported an incidence rate of 9%. While a figure of 20% is too low to establish causality, it appears reasonable to assume that

having been sexually victimized is an important contributing factor to sexually abusive behavior. An experimental research design might better define the relationship.

The primary source of sex education reported by the subjects was through the schools. Most sex education programs are part of the curriculum of certain classes such as health. They are designed to give children the knowledge of human sexuality which will enable them to make responsible decisions about sexual behavior. The underlying objectives are to reduce unwanted pregnancy and prevent sexually transmitted diseases. Sometimes sexual aggression such as "date rape" is discussed. However, seldom is the issue of sexual aggression towards children discussed. Little is known about the connection between sexual offences and earlier sex education, and this item was not pursued in the literature on adolescent offenders. Four of the subjects said that they received sex education from their parents, but the content and quality of this education was unknown. If sexual repression is truly a feature of the offensive behavior, one might speculate that the process of communication about sex between parent and child would counter such repression. Fox (1979) reported that where parents were the main source of sex education in one study, the children tended to initiate sex at a relatively later age, had fewer premarital partners, and followed more traditional norms in premarital sexual relationships. The

drawback to any studies of this type is the difficulty of measuring the "sexual climate" within the home, which may say more about the actual learning that children receive than a measure of the quantity of communication.

Another form of sexual learning may have originated from the exposure to sexually explicit and pornographic materials, such as those reported by most of the subjects. This was another area which has been poorly researched. However, if such material played a role in even the one instance as reported by Case #12, it is a cause for concern. Wenet et al. (1981, p. 149) related their evidence around "modeling" of pornography as an example of a learning model which contributes to the development of sexually offensive behavior. Through this process, youngsters reportedly masturbated to fantasies arising from pictures and articles in Penthouse and other such magazines. They then acted out the fantasy in their offence. Such a relationship may be more complex than portrayed, but certainly it demands further study.

It was difficult to assess the veracity of the self-reports about masturbation. Although there has been much more acceptance of masturbation as normal sexual behavior in recent decades, it remains a sensitive area for research, and there was no comparative data available for this population. Over half of the sample reported that they did not masturbate. It would be of interest to know whether

this is a factor of denial or repression, as mentioned above, or a result of conscious choices arising from family attitudes, inhibitions, or fears of homosexual behavior. Masturbation may well serve the function of a healthy alternative for relief of sexual tensions in adolescents, where religious attitudes or family mores permit.

Two-thirds of the sample had no dating experience with age-mates. Given the young age of most of the sample, this may not be a remarkable figure. However, if the lack of dating behavior was due to low self-esteem, poor social skills, confused gender identity, etc., it may be a factor contributing to the problem behavior.

Overall, the characteristics of the subjects' sexual behavior fall within the bounds of those reported in the literature. There was general agreement among the sample as to the significance of the sexual abuse to them, most notably, the lack of awareness of the criminal aspect of their actions, and the reported absence of sexual arousal at the time of the abuse. One-fifth of the sample reported being sexually abused in childhood, which is in line with other statistics. The sample appears to have received the same sexual education as the general population, but pornography may have played a role in the abuse.

Research Question #3

This question explored the social domain of the sample such as their community involvement, and sought to determine the subjects' perceptions of their intrafamilial relationships. The aspect of community involvement was included in the discussion under "Characteristics of the sample".

Perceptions of intrafamilial relationships. It was the impression of this researcher that were it not for the disclosure of their sons' sexual offences, the families of the majority of the subjects would not otherwise come to the attention of authorities or therapists. Detailed assessments of the families and tracking them over time may find that clinically significant problems do indeed exist. However, this was one more example of how the intervenor may be confronted with seemingly conforming, "good" families; consequently, the offence is easily minimized or overlooked as an isolated mistake on the part of the youth.

Awad et al. (1984) reported a history of severe family problems in their study of 24 adolescents, namely: a high incidence of family instability, parent-child separations, psychiatric disturbance and sexual deviance among family members, and unsatisfactory parent-child relationships. Saunders et al. (1986) found similar patterns in their research. While physical abuse and alcohol problems were

noted in family histories obtained from the interviews in this present study, the incidence was on a much lesser scale than tabulated by the above authors. None of the subjects were themselves physically abused, nor were there any indications that they used alcohol or drugs. In Case #10, the aggressiveness demonstrated in the youth's sexual assaults of his half-sister may be linked to the patterns of family violence and neglect that he experienced as a child. His father was known to have been physically abusive to C.'s mother, but not towards the common-law partner in recent years.

Mothers tended to be more overtly angry at their sons at the time of disclosure than were the fathers. The mothers may have been more sensitive about harm to young children, especially female children. It was difficult to learn of the reactions of the siblings to disclosure of a sexual offence by their brother. Possibly, the parents discouraged open discussion of the matter in the home, but no conclusions can be drawn. Any form of collusion to maintain a family secret around sex abuse causes concerns to practitioners dealing with incest and sex assault, because it can reinforce the denial mechanism of offenders.

It was encouraging that all the parents indicated their support of helpful intervention for their sons. In a couple of cases however, the parents were hesitant to involve themselves in assessment or counselling sessions; rather,

they felt that it was their "son's problem". Both Leschied, Jaffe, Sudermann, Austin, and Willis (1988), and Appathurai and Lowery (1985) pointed to evidence that families were generally reluctant to become involved with social agencies. Such a lack of support would undoubtedly pose a severe obstacle for effective treatment.

A primary maturational task of adolescence is that of individuation. Blos described this process as "the shedding of family dependencies, the loosening of infantile object ties in order to become a member of society at large or, simply, of the adult world" (Esman, 1975, p. 157). Many adolescents who come to the attention of child welfare authorities have circumvented a painful disengagement process by repeatedly going on the run from home, delinquency, leaving school, drugs, or other antisocial behavior. They have little use for communication with parents, and have emotionally removed themselves from their families. The issues of "closeness" and "belongingness" in this section of the research were in part a subjective measure of the status of the adolescents' individuation. All but one of the youths had a sense of belonging to the family unit; that is, they were content with family life, and had no desire to run from home. It would take further research to determine if these results reflected either a delay in the individuation process, a renewed dependency on the families following the disclosure of offending behavior,

or a reasonably healthy accommodation of the teens in the home settings. In any case, the present sample again contrasted with the general population of teenaged clients at this CAS, and with the examples in the literature where severe family conflicts accelerated the process of separation.

It was expected that the data pertaining to the dynamics of family relationships would yield some common threads that intimated possible problem areas contributing to the teens' offences. Family systems theory suggests that the adolescent's problem may serve some kind of function for the rest of the family. Such a view however, should not be allowed to detract from the adolescent's responsibility for the sexual offence. Thomas and Rogers were of the view that the problem behavior had an interpersonal dimension in that "dysfunctional or disrupted patterns of interaction" occurred between the abuser and other family members, particularly "anger, hostility, mistrust, and feelings of emotional abandonment" (Greer & Stuart, 1983, p. 135). Stenson and Anderson stated that offenders "experienced physically or emotionally distant fathers who often were physically and emotionally abusive", and the youths "tended to be scapegoats within their family systems" (1987, p. 95). The results of this study do not support these observations. Only two of the subjects reported major conflicts with a parent. There were no indications of scapegoating in any of

the families. Most of the adolescents reported that they felt closest to another family member in the home, and there was no pattern of alignment with any one particular member over another. Essentially, there was nothing from the interviews to substantiate any consistent structural alignments within the family systems that could conceivably contribute to the problem behavior. This area warrants study beyond the exploratory level.

The use of a specific portion of Hudson's "A Clinical Measurement Package" complemented the information elicited in the interviews. The results contained in Table 3 clearly illustrated that the majority of the respondents had an absence of or minimal problems with either parent and the family as a whole. In fact, the average scores indicated that there was no difference between any of the three measures; that is, on the average the subjects were equally content with their mother, father, and the entire family. The three scores that did register a significant likelihood of problems coincided accurately with the self reports of subjects in Cases #4, #11, and #13. It should be remembered, however, that these results are based on the perceptions of the subjects and as such, may not accurately reflect the actual functioning of the families.

It was noteworthy that most of the subjects recalled a significant loss within recent years. Unresolved losses have been linked to depression and acting out behavior in

children. This issue was not a factor in any of the research reported in the literature. Further analysis of the possible role of loss in sexual molestation is needed.

Again, the results indicate that the sample in this study differs with respect to family characteristics from those reported in the literature. In fact, the families had no distinguishing features from the population at large.

Research Question #4

This question sought to determine the subjects' attitudes and preferences around treatment.

Attitudes and preferences concerning therapy. The literature contained very little reference to attitudes and responses regarding counselling for adolescent offenders. It was expected that the responses by the subjects to this section would provide the researcher with some preliminary notions about the preparedness of the youths for intervention. In fact, most of the subjects indicated they would participate in a program of therapy if it was made available to them. This finding is not consistent with the literature. Individual counselling was the favoured modality, probably because it was the least threatening. The embarrassing nature of the offence obviously poses some difficulties for sharing in the midst of one's family or a group of peers.

The responses here should be viewed with some reservations, since the subjects' concerns about the consequences of their offence would still be fresh in their minds. An effective treatment program should of course be attuned to the treatment needs of the offenders, not their comfort level or preference.

In this chapter the findings from the data collection were discussed, and significant variables were highlighted. All four of the research questions were answered in the context of the sample being studied. The next chapter will outline the conclusions and recommendations for further research.

CHAPTER VII

Conclusions and Recommendations

This chapter highlights a summary of the findings, and the conclusions that arise from them. The implications for Social Work theory and practice follow, and finally, the recommendations for further research.

Summary of Findings

This research project was undertaken to obtain information which would contribute to the store of knowledge of the problem behavior of male adolescents who have molested children. In order to treat this client population, the practitioner needs to be clear about the key variables which contribute to the problem. The necessary theoretical perspectives should derive from hypotheses which have been tested by valid research.

The existing literature was surveyed in order to clarify the gaps in knowledge, and to provide a base of comparison for the present study. There was little descriptive data about the adolescent offenders themselves,

and even less in reference to the families of the offenders who had molested children.

The method of data collection for this study was through the focussed interview. The sample consisted of fifteen adolescents who were residents of a particular county in Southwestern Ontario, and known to the local Family and Children's Services.

The major findings of the research were as follows:

Research Question #1--Characteristics of the Subjects

1. The majority of adolescent subjects in previous studies reported in the literature were charged or convicted offenders. In contrast, as indicated in this study, those that come to the attention of child welfare authorities do so by a variety of routes (eg. referrals by other professionals or investigations of sexual abuse allegations). Most of the subjects in this study were not charged or convicted. Although the sample size was small, it may be qualitatively different overall from the population represented in the literature.
2. The average age of the respondents was 14.5 years.
3. Almost all of the subjects lived in two parent, middle class families, and most were the oldest child.
4. All of the teens were attending school and

performing at an average level or better. Almost all were involved in extracurricular activities, particularly organized sports.

5. Contrary to the literature, the majority of the subjects had no previous offences of any kind, and no other involvement with social services (according to the subjects' self reports, the face sheet information provided by the parents to the intake workers, and the standard record checks).

Research Question #2--Characteristics and Significance of Sexual Abuse

6. The 15 subjects abused 18 victims; namely, 13 females with an average age of 7.8 years, and 5 males with an average age of 6.2 years.
7. Over half of the offences were committed outside the family. A third were carried out while the adolescent was in a caretaking role such as babysitting, slightly over a third were against younger siblings, one involved a cousin, and the rest were against neighbourhood children known to the adolescent.
8. The sexual acts that were reported consisted of 9 cases of sexual touching, 8 cases of oral-genital contact, 2 cases of vaginal penetration, and 1 of

anal intercourse.

9. The police were notified in most of the cases, but only a quarter of the subjects were charged by police.
10. Most of the sample knew that what they had done was wrong, but only a few knew that it was against the law. The majority had no conception of the harm done to their victims.
11. There was a variety of feelings reported by the subjects with respect to the abuse, but none of them could be said to have demonstrated true remorse about their behavior. The capacity for remorse has relevance for treatment planning; that is, the enhancement of same constitutes one of the goals of rehabilitation.
12. Most of the subjects claimed to have no awareness of sexual arousal leading up to, or at the time of commission of the offence.
13. Many of the subjects did not hold themselves responsible for their offending behavior, and none of them offered any insight as to the motivation for their actions.
14. Three of the subjects reported that they themselves were molested as children by fathers. According to the literature, this proportion (20%) is higher than would be found in the general

population (7%). It appears to have some association with the sexual abuse, but the number is not sufficient to substantiate causation.

15. There are indications of sexual repression in the adolescents' homes: (a) The majority reported that they had no sexual fantasies, (b) slightly over half denied that they have masturbated, and (c) over two-thirds never discussed sex with their parents.
16. Almost all of the subjects had been exposed to sexually explicit materials such as pornographic magazines and videos.

Research Question #3--Perceptions of Intrafamilial Relationships

17. Most of the parents of the subjects supported some form of intervention for their sons.
18. Most of the subjects reported no major conflicts with a parent.
19. The majority of the subjects identified a significant loss within the last five years.
20. Standardized scales measuring attitudes towards each parent and the degree of intrafamilial stress, indicated that the majority of the subjects believed they had an absence of, or at

least minimal problems with either parent and the family as a whole.

Research Question #4--Attitudes and Preferences Towards Treatment

21. Most of the subjects indicated that they would participate in a program of therapy if it was made available to them.
22. The overall impression of the subjects sets them apart from the norm of teenage clients of the Children's Aid Society, particularly in light of the nine years experience of this researcher. Most of them were attractive, well groomed and well dressed youngsters who appeared willing to cooperate in the interviews. It should not be concluded on the basis of such observations that the subjects were considered to be healthy functioning individuals. One might contend that the subjects were inclined to "con" the researcher in order to present a positive image; however, while they may have minimized or withheld information, it was the researcher's opinion that for the most part, the subjects were genuinely reporting their reality of the issues. In any case, the pleasing impression presented by these

teens makes it difficult for the professional to maintain a view of the seriousness of the sex abuse.

Conclusions

Earlier in Chapter III there were two gaps identified in the development of knowledge and expertise concerning the treatment of adolescent perpetrators of child sex abuse. These were (1) the need for a uniform set of typologies and (2) a standardized system for making assessments. According to Hudson, "if you cannot measure a client's problem it does not exist", and as a further axiom he added, "if you cannot measure a client's problem you cannot treat it" (cited in Grinnell, 1981, p. 187). While one may argue the relevance of such statements, they do point to a dilemma in the study of this particular issue; that is, how do we measure the problem of sexual abuse by adolescents? Such measurement would need to take into account the frequency, magnitude or intensity, and duration of the problem. A cross-sectional design is inadequate to fully make such measures, nor are the proper tools available.

Another dilemma lies in the definition of the problem. It is society that has determined that the sexual victimization of children is a problem. Such is the basis for one of the working assumptions of this study. However,

society has developed a hysteria about sex offending, and one might question whether or not there has been an over-reaction to adolescent perpetrators. With respect to child welfare policy, all sexual abuse of children is considered "serious" abuse. Yet it would be erroneous to assume that every teenager who engages in an inappropriate sexual act, even when it is defined as a crime, would likely go on to become a sexually deviant adult. How do we distinguish an adolescent who may mature into an adult offender from one who is passing through a "phase"? Do we brand a youth as a child molester when he has not had enough varied sexual expression to choose child molesting for exclusive sexual gratification?

The youths in this study were not living a criminal lifestyle, nor did the majority appear to be motivated by any abusive intent. The judgment used by the intervenors and their value base concerning sexual victimization become very important. However, as Renee Frederickson pointed out in a conference address in 1983, "it is not normal for a teenager to be sexually involved with a child". How can anyone who sexualizes children and exploits their position of trust and power over them not be considered to have a distorted view of the manner in which interpersonal needs are met? From the vantage point of the victim, all sexual abuse may indeed be serious. Some of the child victims of the adolescents in this study experienced mood and

behavioral changes, nightmares, enuresis, and other harmful effects. Until more knowledge is confirmed about the victimization process, it may be prudent to treat all suspected cases of sex abuse by adolescents as serious. The cost to society from the long term effects of sex abuse is too great, especially with multiple victims of one perpetrator. The best way to minimize the number of sex offences and their harmful effects is to intervene at the beginning of the problem behavior before abusive patterns are established.

The third dilemma is the application of treatment to this problem area. If the problem is defined by society rather than the individual, the individual is left with little self-determination to be helped. Social workers tend to be less comfortable delivering services to involuntary clients.

This study posed a number of research questions which were answered to a reasonable extent by this sample. The data indicates a number of common threads running through the sample which warrant further study. No definite trends could be discerned which would contribute to a better understanding of the etiology of sexual abuse. The inconsistencies demonstrated in the literature still prevail.

The results are of significant value to this researcher. They have offered some leads for treatment, and

ideas for further research. They have raised questions about the stereotype of the adolescent sex offender being portrayed in the literature, that is, the loner, the antisocial child from lower class homes, problematic family life, and a background of other offences. The literature has not adequately differentiated adolescent molesters from other sex offenders. The results here have suggested that adolescents who sexually abuse children while in a caretaking role may comprise a subgroup of the population.

This problem area goes beyond the level of the individual, which was the focus of this present study. The patterns of rearing children in an industrialized society have been developing over centuries. The introduction of the concept that sexual abuse is not acceptable is a relatively abrupt change in attitude. The problem may well encompass our cultural values.

The reader is cautioned about the veracity of the information obtained from the subjects. It is difficult to validate the self reports of this age group. They may also deny their behavior or attitudes and so forth, or the material being sought may be out of their awareness. For the most part, the data for this study were obtained during an initial interview. The adolescent subjects would likely disclose more with frequent therapeutic contacts in a confidential setting. Verbal interviews may not be an optimal medium for communicating with teens--other forms of

expression should be continually sought. Communication between the service providers and this population has to start. The focussed interview has proved to be a good beginning format. It places some structure on the exchange which may lower the anxiety for both the adolescent and the caregiver.

A determination of the true extent of the problem will require longitudinal studies with control groups. Scales of measurement which assess risk, attitudes, moral judgment, cultural impact, and so forth are needed.

Implications for Social Work Practice

Social work practitioners have the capacity to intervene in this problem area at many levels. Adolescent sex offences against younger children generally constitute child abuse. Consequently, the above findings may be of special relevance to social workers in the child welfare system.

The above point is supported by the recent study of young offenders with special needs by the London Family Court Clinic (Leschied et al., 1988), in which a review was carried out on a population of 48 adolescent sex offenders over a time period coinciding with this work. Their subjects were drawn from a broader catchment area. It was interesting to note that only 18% of them were known to a

Children's Aid Society. Conversely, in this study, only 3 of the 15 subjects or 20% were known to the Family Court Clinic. No similar studies of this problem area relative to a child welfare setting were known to this researcher. Most of the samples that were reported in the literature were of charged or convicted offenders. Consequently, the findings are significant in that they may apply to a segment of the offending population that probably has been inaccessible to established research efforts.

This population of adolescents poses a challenge for abuse investigators. The young offenders need to be confronted with an accurate and detailed allegation of the offence balanced with an understanding, supportive stance which will steer them towards more appropriate psychosexual maturation. The investigator must not allow the positive presentation of many of these youths to minimize the seriousness of the offence, because this will only reinforce the offender's tendency to deny or deflect responsibility for their behavior. The growing public condemnation of sexual crimes and the increased awareness of the significant number of sexual crimes against children committed by adolescents will make it imperative for child welfare administrators to pay attention to their investigation policies relating to same.

Other frontline professionals in the community need to be better educated around the identification of adolescent

sex offences, and the necessity to report such occurrences to the authorities. Social workers may use community networks to accomplish such education.

The criminal justice system operates under a very different set of values and principles from social work. Nevertheless, sex offenders of any age need to be accountable to society for their behavior, and according to the Criminal Code, such behavior is a crime. Under appropriate conditions, the criminal justice system can complement the treatment system. One of the premises of the Young Offenders Act is to have the offender take more responsibility for his or her behavior. Obviously this should also be a fundamental premise of offence-specific therapy. The process of laying charges is the entry point to the criminal justice system. Social workers who are concerned about this problem area should be advocating to the police to have a consistent practice of laying charges where the evidence supports them. As more cases come before the Youth Court, the more the need for services is substantiated.

Another area of concern for social work is prevention. Social workers and educators have cooperated in the development of a number of prevention programs focussed on sexual victimization. Such programs should be expanded to address the risks of sexually aggressive behavior by young people. Children should know what kind of sexual behavior

is against the law, what consent means, and what harm is wrought for the victim. The public needs to know the risks posed by male babysitters. Parents should be encouraged to explore the issue of sexual prohibitions with potential babysitters, and to make it clear that their own children will report any unwanted touching. Finally, young male victims need to have treatment as soon as possible after disclosure of victimization, in order to reduce the risk of developing offending behaviors.

Untreated adolescent sex offenders ought to be deemed "children at risk" by child welfare services. They are at risk of re-offending, and their own development may be impaired. A range of social work services already exist for adolescents, children, and families. Treatment programs for this population need to be established and evaluated. The findings in this study provided some beginning treatment directions for social workers. The following treatment issues ought to be considered:

1. The development of victim empathy. Sexual abuse is invariably harmful to victims. Children are unable to consent to participation in behavior which is beyond their development.
2. Education about healthy human sexuality. Teenagers are very curious about sexual behavior, and accurate information may prevent misguided sexual interaction with children.

3. Practice in labelling and reporting feelings. It appeared that many adolescents in this study were not tuned into their bodily sensations.
3. Cognitive re-structuring around attitudes, need fulfillment, sex roles, etc.
4. Alternatives for relieving sexual tensions.
5. Involvement of parents in the treatment process.
6. Unresolved grief reactions to significant losses.
7. An emphasis on taking responsibility for one's behavior.

In summary, the findings of this study do have implications for social work. The problem of sexual offences committed by adolescents against younger children cuts across socioeconomic classes much more so than other kinds of juvenile offences. Social work practitioners in many settings dealing with youth can expect to be confronted by a young person showing signs of sexually deviant behavior. It is important that all practitioners learn to recognize these signs.

Recommendations for Further Research

Further research efforts are needed in the problem area of adolescent perpetrators of child sexual abuse. Experimental research with larger samples and control groups is particularly needed to determine correlations among

variables and cause-effect relationships. The review of the literature and the results of this study suggested that the following issues should be considered for further research:

1. The factors that motivate an adolescent to molest a child need to be better defined, and their relative importance measured. The literature has alluded to such variables as early life experiences, pornography, and personality as possible factors.
2. A study is needed to determine the impact of the criminal justice system on the outcome of intervention with adolescent offenders.
3. There is a broad continuum of sexual behaviors, and victim selection. More studies are needed to determine if there is more than one type of offence pattern specific to a particular set of variables.
4. There are many dimensions to family life. Research on adolescent sex offenders must include studies of their families in order to determine if any causality exists between family life and the offending behavior.
5. Treatment programs need to be developed for adolescent sex offenders, and longitudinal studies carried out in order to determine the long term impact of particular therapies.

6. Do some adolescent perpetrators self-correct?

What determines whether the behavior will be an isolated act or repetition of offences over time?

The perpetration of sexual abuse by adolescents remains a vexing problem. One might argue whether there is sufficient knowledge of the sexual activities of adolescents to clearly distinguish those behaviors which fall outside the norm, even those behaviors deemed to be abusive. None of the subjects displayed obvious behavioral disturbances. There is no present method to determine if the abuse is an isolated event or an indication of a pattern of behavior. Nonetheless, in order to diminish further victimization, there should be concerted efforts in all cases to intervene and provide remedial services.

This study has provided further insights into the problem behavior of male adolescents who have come to the attention of child welfare practitioners after molesting children. A cross-sectional design does, however, impose limitations on the application of the findings, as discussed in Chapter IV. Again, the reader should be cautioned, as indicated earlier in this section, to hold reservations about the self-reports of these subjects. As more knowledge is accumulated in this challenging area, social work practitioners and other helping professionals will be able to more effectively identify and treat this population.

APPENDIX

Interview Schedule

A. Characteristics of Adolescent Offenders

1. Age
2. Residential status
3. Other members of household
4. Age and sex of siblings
5. Natural or adopted parents
6. Replacement after disclosure of abuse?
7. School grade and performance
8. Employment
9. Extracurricular activities (clubs, scouts, etc.)
and sports
10. Religious affiliation and participation
11. Other known offences
12. Peer group

B. Particulars of the Sexually Abusive Behavior

1. Sex and age of victim(s)
2. Relationship to victim(s)
3. Nature of sexual behavior
4. Persistence of behavior (use of aggression or
force)

5. Police involvement
6. Court involvement and disposition
7. Comfort level in discussing sexual misbehavior
8. Presence of remorse

C. Significance of the Sexual Abuse to the Adolescent

1. Feelings around offending behavior
2. Awareness of criminal implications
3. How often thoughts of sexual misbehavior arise?
4. Understanding of harm of sexual abuse and empathy towards child victim
5. Attitude towards child molesters
6. Adolescent's view of ideal consequence for offence
7. Awareness of sexual arousal at time of offence
8. Attitudes towards sex in general
9. Understanding about difference between sex and affection
10. How does the adolescent give and receive affection?
11. Problems with eating or sleeping
12. Insights around the cause of the behavior
13. Presence of blame or deflection of responsibility

D. Nature and Significance of Past Sexual Experience

1. Sexual experiences (consenting and non-consenting)
2. Source of sexuality education
3. When first masturbated and present frequency?

4. Nature of sexual fantasies, and comfort level with content
5. Dating behavior
6. Sexual desires, and gender orientation
7. Exposure to pornographic and erotic material
8. Concerns about sexually transmitted diseases and pregnancy
9. Attitudes towards homosexuality, and corresponding fears

E. Adolescent's Perceptions of Intrafamilial Relationships

1. Reaction of parents and siblings to offence
2. Was family supportive of intervention?
3. Who is deemed to be close to adolescent in the home or in extended family?
4. Any history of family violence, physical or emotional abuse, or incestuous patterns?
5. Parental attitudes and rules around dating and sexual behavior
6. Perception of belongingness to family system
7. Conflicts with parents
8. Attitudes towards societal authority
9. Desire to run away
10. Any significant losses in past?

F. Receptivity Towards Treatment

1. Attitude towards counselling
2. Preference regarding setting, e.g., home, office
3. Preference regarding modality, i.e., individual sessions, group therapy, family therapy

G. Impressions of the Interviewer

1. Presentation of the adolescent, e.g., open, hostile, a "con"
2. Any depression?
3. Assertive or passive?
4. Estimation of intelligence
5. Level of maturity
6. Sexual knowledge (distorted, accurate, age appropriate)
7. Risk to community

Standardized Measures of Teen's Attitudes Towards
Each Parent and Family

The following standardized questionnaires were administered to the subjects. The scales were reproduced as published, in keeping with Hudson's conditions for use (1982).

The scales were scored by following these steps:

1. Reverse score all the items noted at the bottom of each scale, a score of "2" becomes a "4".
2. Add up all the items that were reverse scored.
3. Add up all the items that were not reversed scored.
4. Add these two sums together.
5. Subtract 25.
6. The final number is the client's score on the scale.

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An Exploratory Study of Adolescent Perpetrators of Child Sexual Abuse

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VITA AUCTORIS

Leonard Douglas Kushnier was born on October 30, 1946 in Thunder Bay, Ontario, (formerly Port Arthur). He attended secondary school at Hillcrest High School in 1960 in Thunder Bay, Ontario.

Mr. Kushnier began his undergraduate studies at the University of Waterloo, where he graduated in 1971 with a Bachelor of Science in Chemistry and Biology. He was then employed for four years in medical research at University Hospital in London, Ontario. In 1977 Mr. Kushnier entered the Bachelor of Social Work program at King's College, University of Western Ontario, and successfully completed the program in 1979. He began the Master of Social Work program at the University of Windsor in 1979. He expects to graduate in September, 1989.

Mr. Kushnier's field placement during his academic year was at Henry Ford Hospital in Detroit, Michigan. He has worked for nine years with Family & Children's Services of London & Middlesex. In the last four years he has held the position of Child Abuse Treatment Specialist there.

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