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Youthful Sexual Abusers

by

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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies for acceptance, a thesis entitled, "Youthful Sexual Abusers" submitted by Daria Dann in partial fulfillment of the requirements for the degree of Master of Social Work.

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ABSTRACT

This thesis addresses some issues surrounding those young persons who sexually abuse others. Presented is a detailed review of literature available on the topic, and three types of survey data. The first has been a re-analysis of Canadian national data undertaken for the Committee on Sexual Offences Against Children and Youth, 1984. The second is an exploratory survey of the opinions of those professionals who have worked with youth who sexually assault others. Finally, results of an empirical survey of 60 youths who have sexually assaulted others are presented. These youths had been admitted to two residential centers for the treatment of severe emotional and behavioral disturbance. They were compared to a control group of 332 youths with no known history of sexually assaulting others, resident in the same centers.

It was found that a significant percentage of all sexual assaults in Canada are committed by young people. It appears that services for this population are lacking, and that professionals are rarely trained to address this issue. It is noted that there is no consensus among professionals on how to proceed. It was also found that sexuallyabusive behavior is related to family dysfunction and arises in the context of family pathology within intact homes. The sexually abusive youth were themselves likely to

have been victims of sexual and/or physical abuse. They also suffered from significantly more health problems and learning disabilities than the control group.

These findings as well as the review of relevant literature point to the need to address the population of youth who do sexually assault others.

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DEDICATION

Dedicated to all the children in the world.

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Chapter 1

INTRODUCTION: THE PROBLEMS

This study explores some of the issues surrounding young sexual abusers, specifically those adolescents and pre-adolescent children who act out in a sexually abusive manner. This area is a sensitive one. Little is said about it, and no formal programs exist in Alberta to deal with these young perpetrators. Because this is a hidden problem, I believe an exploration will be of benefit in bringing the problem to the surface and can help us begin to address some of the needs and concerns of the young perpetrators, their potential victims, potential helpers, their families, and society as a whole.

The Context

While working as a psychiatric social worker in a general hospital psychiatric ward, I encountered several youthful sexual abusers. They included a five-year-old boy who performed felatio on a three-year-old; a nine-year-old girl who masturbated boys and attempted to pull off their penises; and a twelve-year-old boy who violently raped his two younger sisters (as well as making obscene gestures, and calling obscenities at adult women). In attempting to

refer these children to an appropriate service, I encountered numerous difficulties. Child welfare investigators stated that as the abusing child was a perpetrator and not a victim "in need of protection," it was not their responsibility, and therefore, they could do nothing. The police and legal system personnel decided not to deal with the under twelve-year-olds, and did nothing in the cases where the children were over twelve, due to "lack of evidence." The mental health system lacked personnel knowledgeable in this area and advised that child welfare should be contacted, or said it was not a problem.

In speaking with helping professionals from various agencies, all expressed their frustration at not knowing "what to do with these cases," there is "no place to send them," and "maybe it's just child's play," or "can't do anything anyway, so why worry about it," and "that's horrible." The children's families exhibited similar responses, including the frustration of not being able to get help, and concurrently, the emotional reaction of horror, denial, underreacting, or overreacting. The twelve-year-old was sent to a relative out of town and the nine-year-old was left on the doorstep of her "ex-father's" sister, with a note from her mother, that the woman could "keep her." (The girl's ex-father had previously gone to court for sexually assaulting this nine-year-old's older sister.) The family of the five-year-old (as well as some

families of adolescent perpetrators) denied the behavior even took place.

To my knowledge, none of the above youth are in receipt of any treatment or counselling services. In my role as a professional who encountered the above young people or their families, I was unable to provide what I believe should be even minimally acceptable services. This experience led me to consider what "should be."

Groth and Lorendo (1981), researchers and clinicians with sex offenders, state:

> The first step in addressing the juvenile sexual offender, is recognizing that the problem exists and that the youngster himself is struggling with this problem in silence because it would appear it is too uncomfortable for others to listen to and respond to. Instead, his behavior is minimized or dismissed on the supposition that either it is not serious, or, if it is, it will, with time, spontaneously self-correct. Unless intervention is forthcoming, the juvenile is in fact being professionally neglected or abandoned with the result that not only will there be more victims, but ultimately, when he reaches adulthood and faces the serious legal consequences of his behavior, rehabilitation may no longer be possible. (p. 39)

Defining the Abuse and the Youthful Abuser

Various studies and programs or geographical areas define sexually abusive behavior differently. Currently,

most treatment experts agree upon two criteria as clearly indicative of inappropriate sexual behavior which requires further assessment: 1) inappropriate age difference, and 2) coercion by violence, bribery or threat. Inappropriate age difference is conventionally defined as five years or more between the age of the youthful abuser and the younger victim. Any sexual activity that is forced upon another person either by violence or threats, also constitutes a sexual assault (Knopp, 1982; Finkelhor, 1979).

The term youthful abuser in this study refers to a person seventeen years of age and under who exhibits sexually abusive behavior as described above, that is, with someone five years younger or someone using force or threat to achieve a sexual relationship.

The terms "youthful" and "juvenile" will often be used interchangeably. Similarly, the terms "sexual abuser," "abuser," "offender," and "perpetrator" may also be used interchangeably. This study will examine both violent and non-violent acts and will look at both intra and extra-familial offenders.

This thesis will review various studies about youthful sexual abusers. Chapter two examines the early studies, and chapters three to five examine more recent data. Chapter six re-examines a national survey with a view to estimating the extent and characteristics of sexual assault by juveniles in Canada. Chapter seven reports the results of a survey of

professionals who work with the population of study, and chapter eight looks at a study of children who sexually have assaulted others in comparison to a control group of children who did not sexually assault others. Chapter nine has both conclusions and recommendations of the writer.

Prevalence

There are no accurate published estimates of the actual number of youthful sexual abusers. Prevalence can be estimated, only imperfectly through other sources. Firstly, data sources through the legal system can pose several problems such as the lack of a universally accepted definition of sexual abuse and sexual offences by those processing complaints; the reported numbers will almost certainly not correspond to actual numbers; and, legal definitions of sexual offences are often very ambiguous. Further to this, very young persons are not generally charged, or if charged, are not charged with a sexual offence. Data from victim reports show that significant numbers of assailants are under the age of eighteen (Finkelhor, 1979). Another source of data is that of retrospective accounts by convicted adults in sex offender treatment programs.

The life history and retrospective data indicate that a large number of convicted sex offenders admitted to

committing a sexual assault in their early teenage or pre-teenage years for which they were never apprehended (Groth, 1979; Groth, Longo, and McFadin, 1982; Longo and McFadin 1981; Soothill and Gibbens, 1978).

An additional source of data is a coalition of professionals who belong to a perpetrators' network that started functioning in the United States. By 1982, there were 211 treatment program and personnel registered as providing treatment to youthful sexual offenders (Knopp, 1982). By January of 1986, over 350 clinicians from various states had joined the adolescent perpetrator network (C. Henry Kempe, National Center Newsletter, February, 1986). (These treatment providers do not include "incest" families.)

The writer is not aware of any data systematically being collected on youthful sexual abusers in Canada that would assist in defining the incidence or prevalence of the problem here. The question of our national prevalence will be further addressed in Chapter five. What is generally acknowledged is that the problem has been relatively hidden. The writer assumes that the majority of cases never come to the attention of the legal system, mental health system, child protection system or other formal systems. The reasons often stated for under-reporting are as follows:

1) Because of the youthful age of the abuser and in many cases, his/her social familiarity with the victim, there is

a reluctance to report the offence (Groth and Lorendo, 1981).

2) The victim is often reluctant to report the incident (Deisher, Wenet, Paperny, Clark & Fehrenbach, 1982).

3) Families will often minimize or deny that the adolescent sexual offence is of serious concern (Waggoner & Boyd, 1941; Doshay 1948; Groth & Lorendo, 1981; Knopp, 1982; Deisher et al. 1982).

4) Legal, mental health, or child protection agencies, may all be reluctant to regard this behavior as serious or significant (Ryan 1986; Groth & Lorendo, 1981).

5) Helping professionals have not been trained to identify and work with youthful sexual abusers (Diesher et al. 1982; Knopp 1982).

6) This behavior is frequently misdiagnosed as "adolescent adjustment reaction" or other labels, like sexual experimentation (Ryan 1986).

7) The sex offender does not generally self-refer, as he/she fears the consequences of disclosure, or because he/she feels nothing wrong was done (Groth and Lorendo 1981; Diesher et al 1982; Margolin, 1984).

8) A sex abuser believes his/her sexual assault and impulses may be due to being "weird," or mentally disturbed, or abnormal sexually, and therefore keeps this secret to protect him/herself from having his/her worst fears confirmed. (Groth and Lorendo 1981; Knopp, 1982)

9) Through plea bargains or other young offender legal practices, sex offences are often dropped or presented as assault or a non-sexual offence (Doshay 1948; Knopp 1982; Groth and Lorendo, 1981).

Chapter 2

HISTORICAL PERSPECTIVE

Doshay Study

A significant and pioneering study entitled The Boy Sex Offender and His Later Career was published by Louis Doshay in 1943. The study examined the files of 256 juvenile male sex offenders treated in a New York Court Clinic between June 1928 and June 1934. The boys were within the age range of seven to sixteen years. At follow-up, the boys ranged from sixteen to twenty-eight years of age. All of the boys had been treated for their sexually abusive or aggressive behavior in conjunction with sexual acting out. This long-term study attempted to determine to what extent these juveniles subsequently committed violent sexual offences in their adult years.

Doshay divided the subjects' files into the primary group (consisting of youths "having no known involvement in any offensive behavior other than sexual") and the mixed group (youths who engaged in sex offences and other offences). Doshay's study examined and classified the types of juvenile sex offences into categories which can be useful for examining the data in view of current definitions of sexually abusive behavior (p. 72). He excluded females

and did not have a control group of youths who were not sexual assaulters. He also acknowledges that his sample may be biased, representing only that portion of youths who were charged and convicted of an actual sexual offence. Follow-up consisted of reviewing records of probation, and records of other agencies such as the police, jails and so on. In some cases families, neighbors, and the subjects themselves were interviewed. Outcome success was defined as the individuals "living in the community without detriment to it and had engaged in no criminality." Failure denoted actual delinquency as judged by court records. There was no consideration given to behaviors which did not reach the stage of conviction resulting in a court record. Due to this Doshay's follow-up results need to be examined with great caution. It is clear that reported recidivism rates and reconviction rates do not accurately reflect the reality of sexually assaultive behavior (Groth, Longo, & McFadin, 1982; Knopp, 1982). Despite this criticism Doshay's study is still the most significant single work in this area, providing useful information and raising some pertinent questions which still remain unanswered.

Doshay's major findings are as follows: Sixty-four out of the 256 offenders were themselves victims of sodomy with either the father, or older siblings, or with another adult. Eighteen engaged in sodomy with a younger boy, girl, or a younger sibling. "All types of perversions" (meaning boys

that engaged in a variety of perversions, including sodomy, felatio, mutual masturbation, etc.) accounted for twenty-three of the 256 cases. Sex attempts with little girls accounted for twenty-five of the 256 cases, and "touching little girls' parts" accounted for twenty-six of the cases. Other categories included seven cases of sadism, seventy-three cases of incest, forty-seven cases of felatio, twenty-five cases of self-exposure, and other categories. The study found that almost fifty per cent of the "delinquents" came from homes where one or both parents were dead, or seriously disabled, physically or mentally (p. 166). Doshay comments on "a tremendous amount of social pathology operating in the homes of these boys" (p. 167). He also states that "the most illuminating and significant finding of the entire study, is that, given the benefit of proper court and clinic treatment, juvenile sex delinquency tends to become automatically self-curing" (p. 167). Some writers have since quoted Doshay as stating that sex delinquency is in fact "self-curing. This ignores the fact that the sample population was sent through the court system, having received, in Doshay's words, a "proper court and clinic treatment." Doshay also found a significant difference between the primary and mixed groups. The primary group engaged in as many and in the same kind of sex offences as the mixed group, with equal forcibleness, wilfulness, and violence, with the exception of more incest

with sisters in the mixed group. The primary group had substantially fewer general crimes at follow-up than the mixed group. The mixed group, of course had more crime at the onset of the study, and were found to have come from worse family backgrounds.

Doshay's study is also significant for at least four other reasons. First, it suggests that pre-pubescents receiving treatment do much better in later years than treated post-pubescents. This confirms what more current researchers are finding, that is, that young sex offenders should be treated as early as possible. Secondly, it counsels against traditional psychoanalytic methods in treating sexual offenders. Rather, the study advocates that the sexual act be addressed within the context of the child's total personality and his family situation. Thirdly, it advocates the universal teaching of "sex hygiene" (sex education and information), and promotion of awareness in the schools as one of the most important preventative approaches. Fourthly, it reveals that adult sex failures, that is, those who at follow-up were found to have re-offended, had repeated the same acts they had engaged in during their adolescence.

Doshay also speculated as to the cause of sex delinquency, citing lack of "proper guidance in sex hygiene and inadequate protection of children by parents" as the most significant causes of sexually abusive behavior (p.

80). The study addressed several other possible causes of "sexual delinquency" such as congenital, hereditary, glandular, physical, or biological factors. None of these was found to be a contributing factor.

Other Early Studies

As early as the 1930s, researchers noted that there was very little information available about the youthful sexual abuser. In 1941 Waggoner and Boyd wrote about the "scandalized inaction" and rationalizations of adults who came in contact with "aberrant sexual practices in children." Waggoner & Boyd proceeded by reviewing twenty-five case studies of youths who engaged in " sexual perversion." Cases that could be interpreted as sex play, curiosity, or experimentation were excluded (p. 276). They concluded that the "child's sexual interest had been awakened early by other individuals..." (p. 290). In other words, the child's sexually inappropriate behavior followed the child being sexually abused by others. They also found that these children started their sexual acting-out, in at least one-half of the cases, between the ages of six and ten years. None of the twenty-five had been given sexual information by their parents. The parents reacted in varied ways. One-third exhibited concern and cooperation, others were described as "indifferent, disinterested, amused or

extremely protective and resentful of Court and psychiatric interference"(p. 290.) Five of the families were violently angry towards the child. The researchers also noted that failures and inadequacies of the home were outstanding.

Apfelberg (1944) examined 250 sex offenders who were being treated within the psychiatric division of New York City's Bellevue Hospital. He looked at offenders who were primarily adults, with less than five per cent of his cases being nineteen or under. The study does, however, note that the sexual offenders are "frequently the product of abnormal environmental situations, particularly in the family, or originate from broken homes; and careful social investigation and psychiatric examination and treatment are essential in dealing with such cases. Punishment alone is a wasteful and useless procedure" (p. 762). The Apfelberg study also attempted to classify offenders into types or categories according to personality type, offence, role of alcohol, and intellectual and neurotic aspects.

In 1950, Markey examined twenty-five boys and girls referred for "immorality" to a juvenile court. The age range was from thirteen to seventeen years, with an average age of 15.2. From his psychological testing and psychiatric interviews, he concluded that "sick symptoms are not in themselves evidence of morbid sexual development, but that they do represent major proof of poor personality integration" (p. 730). He also described family trauma as

the source of "sexual maladjustment".

Atcheson and Williams (1954) undertook a Canadian study, and studied 116 boys and 167 girls charged as sex offenders, who appeared in a Toronto juvenile and family court over a ten-year period between 1939 and 1948. About sixty-three per cent of the males and eighty-seven per cent of the females were between thirteen to sixteen years of age. The remainder were between seven and twelve. Sexual offenders were classified into three categories. 1) Specific sexual offences (for example, exhibitionism, indecent assault, immorality, rape and indecent acts); 2) non-specific charges, including vagrancy, incorrigibility, and sexual promiscuity; and 3) other unrelated charges with some sexual component. About sixty-nine per cent of the males were placed in a specific sex category offence, while only seven per cent of the females fell into this category. Most of the females fell into the promiscuity category and were sentenced to training schools for their own protection (p. 369). (This study demonstrated a significant difference in the rate of female offenders being committed to a training school both as compared to the control groups and as compared to males. Many early studies are difficult to interpret because they include "promiscuity" as a sexual offence). Conversely the boys were judged as exibiting "sexual curiosity of a rather normal nature" (p. 367), and were responded to differently; "the court refuses to be

stampeded by public outcry into wholesale and essentially vindictive committals in the case of male juvenile sex offenders" (p. 369).

Despite the above problems, the Atcheson and Williams study is noteworthy because it is Canadian. The subjects were compared to a randomly selected group of other offenders and the comparative analysis of the cases was conducted in two parallel studies, one for each gender. The major results are as follows: There were no significant differences in the average IQ between the control groups and the offenders groups. The standard deviation in the case of male sex offenders however, had a greater variability or spread of scores than for the females. This was explained by the fact that a significant number of male sex offenders possessed IQ's under eighty (twice as many as compared with the male control group, and more than in the female groups). There were no significant differences found between the experimental and control groups in the area of socio-economic stress (this included economic stresses as well as social stress as measured by an index of unsatisfactory homes and broken homes). Significant differences did clearly differentiate the male sex offender from the male controls in the area of personality maladjustment, as indicated by referral for psychiatric examination or a diagnosis of serious mental or personality disorders. The sex offenders showed an incidence of

psychiatric disorder six times as great as in the control group. Based on this study, Atcheson and Williams constructed a tentative classification of juvenile sex offenders as either "emotionally disordered," "defective," or "normal". In this classification promiscuity "in an attempt to gain status, affection, and security" was defined as normal for "heterosexual female delinquents"and for males this "normal" category refers to heterosexual acts based on "curiosity."

In 1960, Maclay examined twenty-nine boys who "committed sexual misdemeanors." He concluded that boys who indulge in "sexual delinquencies" are more likely than generally to come from homes that fail to give them an "adequate measure of emotional support" (p. 190).

A 1966 study by Shoor focused more upon social, family, and psychological characteristics as a primary source of these offenders' problems, and on distinguishing between the aggressive and passive child molester. Shoor examined eighty adolescent child molesters. He differentiated between the "passive" child molester, and the aggressive child molester (where physical violence and sexual expression go hand in hand). He concluded that the adolescent child molester is essentially a loner with minimal social peer group activities who prefers playing with younger children. Frequently, his only work experience has been babysitting. He is typically naive sexually, and

has a noticeable lack of sex education. He exhibits immaturity in social and sexual functioning. Distorted family relations and personality patterns were observed. Shoor found that, typically, both parents of the boys were defensive and evasive and expressed little or no remorse concerning the victim. The adolescent tended to minimize his sexual activity, as well as the harm he might have caused. There was no correlation (as in other studies) with intellectual level, nor did socio-economical level appear to be a factor. Educational achievement, however, was below capacity. With the aggressive child molester, physical violence and sexual expression were closely correlated. The victims of all eighty boys in the study were between one and ten years of age, with a mean age of 5.1. There were fifty-six male victims and sixty-eight female victims.

With research, gradually a description of the pedophile emerged. In a study of adults undertaken by the Institute for Sex Research between 1938 and 1956, Gebhard and Gagnon examined sex offenders who committed offences against children aged five or younger. Fifty per cent of these offenders came from broken homes or homes in which a parent died in the offender's early life. Twenty-three per cent were devout Protestants, which was a higher percentage than in the control group, or the group of offenders against older children (both at sixteen per cent). There seemed to be no difference between the married and unmarried

offenders, or between the offenders that offended against their own children, or those offending against extra-familial children. The authors note that one of the most striking aspects of these offenders' behavior during the interview was a nearly complete lack of affect. The authors saw this flatness of affect as a partial self-denial. Twenty-five per cent of the offenders fully denied the act even in the presence of substantial evidence, and others exhibited minimization of the character of the event, or partial admission which lacked logical coherence, such as, "I didn't to it, and besides, she was big for her age" (p. 578). Well over half of the offenders had been previously convicted of a sex crime. They exhibited a compulsiveness of action. This was not related to alcohol use, as seventy-five per cent of offences were committed while they were sober. They had few skills in developing adequate social/sexual relationships with adults, and often admitted to sexual activity with young children lasting for an extended period of time, for example, five years. Recent research confirms the difference between aggressive sexual offenders and pedophilic sexual offenders (Groth, 1979). It also confirms that this difference starts early in life, and often appears set by early adolescence.

Chapter 3

STUDIES DURING THE CURRENT DECADE

The Groth Studies

Nicholas Groth has been the most prolific researcher in the area of characteristics of the perpetrators of sexual offences against children. He started working with and researching adult sexual offenders and has expanded his work into researching youthful sexual abusers. He found that most adult sexual abusers started their abusive behavior at an early age. For example, Groth, Longo and McFadin's (1982) sample of 128 incarcerated adult rapists and child molesters found that offenders admitted to committing two to five times as many sexual offences as those for which they were apprehended. For rapists, these offences started as early as nine years of age, and with child molesters, as early as eight years (pp. 102 - 106). As Groth's research and work is the foundation for most current research in the area of youthful sexual abusers, I have chosen to review the major points with respect to both adult abusers as well as youthful abusers. (Groth, 1977; Groth, 1979; Groth & Birnbaum, 1978; Groth & Burgess, 1980; Groth et al., 1981; Groth & Lorendo, 1981; Groth et al., 1982; Longo & Groth, 1983; Burgess et al., 1985; Sgroi, 1985.)

In his work with male adult offenders, Groth has characterized offenders into molesters and rapists. He described molesters as offenders who display a positive emotional investment in the child, and who see the child as safe and caring. The offender seeks an on-going relationship with the child and may be involved with the child over an extended period of time. The offender's sexual behavior tends to progress gradually from non-genital acts to more intimate sexual acts. The offender typically wants the victim to enjoy the sexual activity. He experiences the activity as acceptance or expression of affection. Groth further differentiates between the fixated molester and the regressed molester. He describes the fixated sexual abuser as having a primary sexual orientation towards children. This offender recognizes the sexual attraction to children as a permanent state. These pedophilic interests generally began at adolescence, and persist and are compulsive in nature. Same gender victims are the primary or preferred targets of the offender. (However, he is not homosexual as same gender adults do not interest him.) The fixated offender has little or no sexual contact with age mates, and he is usually single or in a marriage of convenience. There is usually no history of alcohol or drug abuse, and the offence is not usually alcohol-related. This offender tends to be immature and exhibits poor social/sexual peer relationships. He turns to

his victims to meet his social and emotional needs as well as sexual.

The regressed offender has a primary sexual orientation to age mates. Sexual attraction to children is regarded by the offender as a temporary lapse of control or judgement due to external situational influences. This interest is more likely to emerge in adulthood, rather than in adolescence, and is generally precipitated by stress. The initial offence may be more impulsive, rather than premeditated, and opposite sex victims tend to be the primary target. The emphasis in sexual interaction is usually focused on the offender's arousal, stimulation, and sexual release. The child is cast into an adult role. The offence is often alcohol-related.

In contrast to molesters, more aggressive sexual abusers are classified as rapists. Groth states that all cases of forcible rape have three components: 1) power; 2) anger; 3) sexuality (p. 102). The rapist tends to gain access to a victim through implied or expressed threat, rather than through persuasion. The child is an object, a powerless, depersonalized victim, who is perceived as weak and helpless. There is less likely to be ongoing victimization of the same child; rather, these are typically one-time offences with a series of different victims. There are three typical patterns of aggression: the anger-rape, power-rape, or sadistic-rape. The anger rapist is

attempting to get even, or teach someone a lesson, whereas the power rapist tends to feel powerful, and assert his control. The sadistic rapist is one for whom anger and power have become eroticized and sexually stimulating. The anger and power rapist may not experience any sexual feelings while assaulting a child. (See Appendix A.)

Typologies - Young Abusers

In studying juvenile male sex offenders between the ages of fifteen and seventeen years, Groth (1977), developed a general profile of the convicted adolescent offender. In the majority of the examined cases, the offender was likely to have committed a previous sexual assault. The majority of previous offences were identical to the current offences with regard to victim choice and modus operandi. The dynamics of forcible sexual assault by adolescent offenders were generally the same as those exhibited by adult offenders. The adolescent rapist also exhibited psycho-social characteristics similar to those of adult offenders. They tended to be loners who displayed little skill in establishing close or meaningful relationships, were under-achievers, and found few outlets for personal expression. Their dominant mood appeared to be one of anger, depression and emptiness; they were impulsive; often exhibited low frustration tolerance; were usually unable to

persist in long-range goal-orientated activities; and often found ordinary demands of life overwhelming. There are also adolescent child molesters who are more passive in their orientation. They are younger on average and had more male victims. The molesters appear to be immature and dependent persons who are more comfortable with children than with peers.

Groth also notes that as eighty-six per cent of the young sexual abusers had previous consenting normative sexual experiences this tends to discredit the idea of child molestation as mere sexual exploration. Groth observes too that the abusive behavior which the youths engaged in was associated with anxiety, guilt, and shame rather than any pleasure or satisfaction. He speculates that the abusive behavior constitutes a "re-enactment of unresolved developmental issues and psychological struggles" (Groth & Lorendo, 1981).

Other typologies (similar to Groth's), have been offered by personnel in treatment programs servicing youthful sexual abusers. A study by Saunders (1986) suggests that there is justification for classifying adolesent sexual offenders along the line suggested in adult literature.

Other Research

In reviewing other literature specific to youthful

offenders, most researchers recommend that the seriousness of problems involving youthful sexual offenders should not be overlooked or underestimated. Sexual offences in this respect include such things as exhibitionism, voyeurism, and obscene phone calls (Whiskin, 1972; Groth studies; Ryan et al., 1986; Fehrenbach et al., 1986, Knopp, 1982, 1983, 1984; Lane & Zamora, 1985). Also important is early violent and fire-setting behavior (Longo, 1983; Saunders et al, 1986; Longo and McFadin, 1981). It is known many sex offenders begin to act out sexually at an early age, and if untreated, may progress into other sexually deviant, potentially dangerous behaviors. (Groth studies; Lewis et al., 1979; Longo & McFadin, 1981; Lane & Zamora, 1985; Knopp, 1982, 1983, 1984; Ryan, 1986; Margolin, 1984; McDonald & Paitich, 1983; Ressler, et al., 1983.) It also appears that some start acting out after having been sexually victimized themselves (data of early studies cited above, Knopp, 1982; Borgenan, 1984; Groth studies; Ryan, 1984; Showers, et al.,1983; Deisher et al., 1982). In researching violent juvenile sexual offenders, Lewis, Shenock and Pincus (1979) found that all had histories of being aggressive towards family, friends, and teachers throughout childhood, and were constantly in conflict with peers and adults. "In short, their behaviors throughout childhood and adolescence closely resembled the histories of violent, non-sexually assaultive boys. Like the other

violent boys, the average age at which deviance was first documented, was six years" (p. 1195).

Most recent studies represent small sample sizes (N's being less than thirty). Nevertheless the aggregate data provides important information. Two studies, with larger sample sizes deserve mention on their own. The rest will be discussed in aggregate form under "Treatment program data".

Deisher et al. (1982) reports on eighty-three male adolescents between the ages of twelve and seventeen years of age. The subjects represent youths who have received evaluation and treatment at the University of Washington Adolescent Clinic after having committed a sexual offence. None of the subjects were self-referred. All had some form of pressure put on them to participate. However, as less than half of the subjects attending this program were adjudicated in juvenile court at the time of evaluation, the sample represents a broader range of adolescents than has been studied previous to this program being evaluated.

"Indecent liberties" against younger children represented the most common sexual offence committed. Indecent liberties refers to "forced mutual fondling of genitals or other sexual contacts short of penetration" (p. 281). (A child is defined as five or more years younger than the offender's age.) Most child victims were eight years of age or younger. The offence was usually revealed when the child victim mentioned the offence to his parents. The

adolescent frequently minimized the seriousness of his actions. More than fifty per cent of the offenders were themselves sexually abused as children. Fifty-seven per cent of the offenders had committed multiple offences.

Deisher found that those adolescents who molested children (rather than engaging in rape) typically had a history of underdeveloped peer relationships, social isolation (including isolation from peers), poor social skills, and conflicting family relationships. They had frequently been scapegoated within their own families, and had low self-esteem. They were most comfortable with and attracted to younger more submissive children.

In contrast, the rapists or those who were violently sexually assaultive, had friends, were involved in peer group activities, and performed well in school. They showed very little empathy for the victim and denied the seriousness of their behavior. Professionals are most often fooled by this type of articulate, apparently well functioning rapist.

Deisher also developed a third category consisting of sexual offenders whose offences do not involve physical contact with their victims. This included those youths who stole women's underwear, exposed themselves repeatedly, and compulsively peep in windows. Deisher describes this group as reporting feelings of inadequacy; having difficulty developing relationships; and having difficulties in dealing

with their feelings of anger and frustration.

Fehrenbach (1986) presented descriptive data on 305 adolescent sexual offenders at the same program in Washington. Most of the data supported the results reported by Deisher. New information of interest includes the following. Of the 305 subjects, eight were female. The eight female offenders all committed indecent liberties with children six years old or younger. The mean age of the female offender was 13.7, slightly younger than the males at a mean age of 14.8. This study also examined the relationship that the offenders had with their victims. For the most common offences (indecent liberties and rape of children) the victim was either a relative or acquaintance of the offender. One third of all the offenders victimized a family member. The offender was more likely to be a stranger to the victim in cases of indecent liberties and rape involving an adult. Conversely, hands-off offences such as self-exposure rarely involved relatives. The male offender was babysitting the victim in forty-seven per cent of the cases of indecent liberties with a younger child, and in forty per cent of rapes of the younger child. Only fifteen per cent of older victims were raped during the offenders' babysitting, and thirty-nine per cent were victims of indecent liberties. Female offenders were babysitting during sixty-three per cent of the offences they committed. Only hands-on offences were committed during babysitting. Females

were victims in seventy-two per cent of all the offences and eighteen percent were males. However, within the hands-on offences against younger children , boys were almost as frequently victimized as girls. Ten per cent of the referral offences were situations were there were both male and female victims. In 57.6% of the cases the offender had committed at least one sexual offence prior to the referral offence. In ninety-five per cent of these cases the offenders reportedly committed the same type of sexual offence as the offence for which they were referred, or both the same type of offence as well as a different one.

Chapter 4

TREATMENT PROGRAM DATA

Treatment Programs

Treatment programs for youthful perpetrators are a relatively recent phenomenon. In the past, the handful of early treatment programs were run primarily through mental health agencies or the courts. Currently in the United States, programs for youthful perpetrators are being run by a variety of diverse systems, including: the mental health/psychiatric system; legal system/jail; childrens' protective services, children's hospital; agencies that serve victims of sexual abuse; religious social service agencies; and private therapists (Knopp, 1982). Juvenile services grew from twenty-two programs in 1982 to 346 in 1986 (Knopp, Rosenberg, and Stevenson, 1986). The services include both community based and residential services.

In Canada, in 1984, Health and Welfare Canada reported only one program specifically including the treatment of adolescent and pre-adolescent sexual offenders in its programming (Act 2 Counselling, Port Coquitlam, B. C.) Since that time other programs have sprung up (for an example see Appendix B). The writer, however, could not find a list of these other programs.

The U.S. treatment programs grew primarily as a

response to the courts' need to have somewhere to refer youthful sexual offenders (Knopp, 1982).

Knopp (1982), Knopp, et al (1986), and Knopp (1984), have completed a comprehensive survey of treatment programs and the services they provide for youthful sexual abusers. These are available through the C. Henry Kempe National Center for the Prevention and Treatment of Child Abuse and Neglect, in Denver, Colorado (hereafter referred to as the Kempe Center).

Data collection and empirical research using both program effectiveness as well as individual case studies, is taking place in a number of United States treatment programs. A "Network of Professionals Encountering Adolescent Perpetrators of Sexual Molestation of Children" was formed in 1983 and is coordinated through the Kempe Center. The participating members have included clinicians from the U.S. and Canada, and the network has implemented a uniform data collection system. It also publishes Interchange, a cooperative newsletter of the Adolescent Perpetrator Network. Uniform working definitions to aid communication within the network have also been established. In this manner data that will be useful in the future is being compiled.

A number of treatment programs have indicated that research into effectiveness is ongoing. Some programs, such as the Closed Adolescent Treatment Center in Denver, were

set up as demonstration projects, and appear to be structured in such a manner that formative evaluations are possible. They claim effectiveness (Cane & Zamara, 1986). However, as the writer is not in possession of the final reports detailing evaluation and research design, it is not possible to comment on the treatment effectiveness of these programs. The final report on the Denver Closed Program is an unpublished manuscript (May, 1975) which is not available to the writer.

Current program data information, however, is available through the Knopp studies (1982, 1984, 1986), and Interchange. These treatment programs confirm that a difference exists between the aggressive sexually assaultive youths and the more passive youths.

Treatment program personnel confirm certain profiles. The aggressively sexually assaultive youths are described as having been severely emotionally abused (Knopp, 1982). The Closed Adolescent Treatment Center, which takes only those children who are considered "extremely sociopathic" states that as well as emotional abuse of the youths they've dealt with, "every sex offender has been sexually assaulted, the majority when they were under seven years old" (Knopp, p. 119). These youths' parents are described as having been rejecting or having abandoned the children at an early age. They reportedly have few skills in dealing with anger appropriately; fear being powerless, controlled or helpless;

feel inadequate; have distorted perceptions of people, and rigid and disturbed attitudes about sexuality.

The non-aggressive/undersocialized juveniles are described as more socially isolated from peers and family than the rapist. They are more likely to have been physically abused or sexually abused, rather than emotionally abused, according to treatment program data.

As pointed out by the early research, many sexual abusers are reared in emotionally barren homes where there is an above average disintegration of family life. Little recent empirical research has been conducted in this area. Data from adolescent treatment programs consistently point to two types of families (Knopp, 1982). Described is the rigid and enmeshed family, with strict rules and perfectionistic expectations, or the family which is chaotic, with loose boundaries/role confusion. Virtually all of the families have been described as lacking family intimacy and closeness. There is also some evidence that family structure tends to differ somewhat with different types of offences (Saunders, 1986; Knopp, 1982).

Echo Glen Children's Center (Knopp, (1982, p. 91) claim that fifty per cent of sex offenders have family members who are also sex offenders and/or mothers who have been victims of sexual violence.

Male vs. Female Offenders

There is a lack of research on female sex offenders. However, more and more treatment personnel of victims of sexual assault are pointing out that many of these victims offend themselves at a later date. Borgman(1984), found that of sixteen institutionalized girls he was treating for sexual abuse, four began sexual activity with younger siblings, and four others initiated genital relations with much younger children outside of the family. Only one girl showed no outward change in behavior. He sees as a consequence of sexual abuse, the initiation of deviant genital contact with other children. Sandra Butler (1986), has commented on how many women, during adolescence, re-enact their sexual assault upon a younger child, usually a child they are babysitting.

Other Possible Causes of Sexually Abusive Behavior

Research shows that offenders (of whatever age) vary widely in terms of kinds of the criminal activity, background, personality, psychiatric diagnosis, race, religion, sex and age of victim, degree of planning, and amount of violence. The sexual abuser may be a close relative, friend, acquaintance, or stranger. The abuser may come from any socio-economic background, educational status, religion, have an extensive criminal record or have

none, is usually male, but is sometimes female. Classifications other than psychological or clinical, can be made in terms of behavioral, sociological, legal, psychiatric and psychometric, cultural, anthropological, subcultural theories (used positively in some treatment programs to create an Intensive Peer Culture or a Therapeutic Community), gender socialization (for example, the effect of ingrained sex role stereotying), social conditioning or social learning theories, changing social norms, for example, sexual revolution, or any number of other factors.

From a clinical perspective, most sexual abusers do not suffer from major psychiatric diseases. They also do not suffer from hormonal difficulties (Bradford, 1983). Lewis (1979) studied seventeen violent boys convicted of sexual assault. She found that violent juvenile sexual assaulters suffered from neuropsychiatric problems more often than did other violent juveniles. They typically had a history of aberrant behaviors and violence since early childhood. Frequently, those offenders who commit sexually aggressive acts are described as suffering from personality disorders, in particular, antisocial personality disorders. Those individuals who are attracted to specific various deviant behavior, including sex with young children, are frequently classified as suffering from paraphilias. Paraphilia can be described as an addiction that may have a neurological or

biochemical base in the brain. They have been treated successfully in some cases with medication in conjunction with other therapies (Money 1984; Langevin, 1983).

As the compulsivity of the sexual offenders' behavior is being verified the addiction theories in particular seem to be gaining popularity with books such as Out Of The Shadows: Understanding Sexual Addiction (Carnes, 1983). The approach advocated by Carnes is similar to the twelve step program of A.A. Other writers (Matek, 1986), focus on the learning theories as possibly providing a clue to the compulsive type of behavior, and use fantasy training (in combination with other therapeutic techniques) to try to recondition the sexual learnings that may have developed "with the initial early sexual experience, of whatever kind, and that later experiences modify" (p. 114). Matek provides an argument for the linkage between fantasy and behavior, and the use of fantasy training in working with offenders.

The writer will now examine which treatment methods are being used within treatment programs for youthful sexual abusers in the U.S.

Treatment Methods Within Programs

The Report On Nationwide Survey of Juvenile and Adult Sex-Offender Treatment Programs and Providers (Knopp et al. 1986), is the most comprehensive survey to date of the

services in the U.S. for non-incest specialized treatment services for sex-offenders. (There is no comparable survey in Canada). Of the 358 juvenile and 302 adult services examined, the following were noted. Treatment methods within juvenile sex-offender treatment programs include some combination of the following components: individual therapy (virtually one hundred per cent of the services offer this); family therapy (ninety-three per cent of services); peer-group treatment (ninety-seven per cent of services); "thinking-errors" for example, cognitive re-structuring (thirty-nine per cent of services); penile transducer (twelve per cent of services); behavioral methods (sixty-two per cent of services); aversive conditioning (eighteen per cent of services); Depo-Provera (six per cent of services); and human sexuality component and social skills training (Knopp, 1982, 1983, 1984, & Knopp et al. 1986; Interchange, Jan. 1984-Jan. 1987 editions.)

Compared with treatment methods used with adult offenders, there was more family therapy with youth, and less use of the penile transducer, aversive conditioning and Depo-Provera (Knopp et al, 1986; Knopp, 1982, 1983, 1984; Barey & Ciccone, 1975; Bancroft & Gavin, 1974; Money, 1984; Langevin, 1983;, Clark, 1977; Finkelhor & Araji, 1986; Borgecki, 1984).

Most programs, at minimum, use some variation of Groth's Guidelines for Assessment. This includes assessing

eight basic issues: the age relationship between the persons involved; their social relationship; the type of sexual activity being exibited (for example, are the acts consistent with developmental level); how the contact takes place; how persistent the sexual activity is; evidence of progression of the sexual activity; the nature of the fantasies that precede or accompany the behavior; and if there are any distinguishing characteristics about the targets of the juveniles' sexual activity (Groth and Lorendo, 1981).

Current treatment programs tend to use a number of theoretical approaches conjointly rather than relying on a single theory. A good example of a model utilizing numerous theories is that of Finkelhor and Araji (1986). They have written about the need for an integrative model that can explain and treat a diverse ranges of behaviors. They note that most theories could be categorized as trying to explain one of four factors and that each of these factors need to be considered in combination rather than in isolation from each other. The four factors they list are as follows: factors explaining why a person would find their emotional needs met through sexual activity with a child; factors of sexual preference and arousal as autonomous from peoples' emotional needs; what stops individuals from meeting their sexual and emotional needs in more normative ways (named the blockage theories); and why a person would not be inhibited

from acting on his sexual interest (the disinhibition theories). The authors further advocate addressing the issues on a number of different levels simultaneously, for example on the levels of both individual explanation and that of a social\cultural level of explanation.

In conclusion, many treatment programs are trying a variety of methods, and conjointly using a variety of different theories in various combinations. Future research can perhaps provide more definitive answers as to what treatment methodologies are most effective with particular youth.

SUMMARY AND THREE PROPOSITIONS

As early as the 1940s, literature and studies have attempted to deal with the issues of juvenile sexual offenders. In 1943, Louis Doshay published the results of his pioneering longitudinal study. Apfelberg (1944), Markey (1950), Atcheson (1954), Maclay (1960), and Shoor (1966) are some of the researchers who examined this area. Despite some early research, little more was done until the 1980s. Overall the more recent studies confirmed what was guessed at or learned from the earlier studies. In the writer's opinion the only really new information to surface since Doshay (1943) concerns the typologies, with perhaps some more information about the development of sexuality in

relation to subsequent sexually abusive behavior.

It is commonly acknowledged that there is considerable under-reporting of sexual offences perpetuated by youths. Some of the reasons listed in the literature for under-reporting are related to the offender's familiarity with the victim, the minimization that families often engage in, the sexual aggression being dismissed as mere sexual curiosity or experimentation, and the lack of knowledge in this area, (as well as a lack of trained staff and resources in Canada). The failure of victims to report offences, and difficulties in apprehending the offender must be added to this list.

As more work and research were undertaken with adult sexual offenders, it became apparent through the retrospective accounts of convicted adults in sexual offence treatment programs, that sexually aggressive behavior frequently began in early adolescence or pre-adolescence (Groth studies; Longo & McFadin, 1982). Victim report studies also confirm the high percentage of youthful sexual abusers (Finkelhor, 1979). Life histories and self-reports from offenders also inform us that the sexually abusive behavior of many youthful offenders will, in all likelihood, escalate with time, in both frequency and severity of offences (Knopp, 1982). In view of the known data, the value of early intervention of sexually abusive youths' behaviors seems indisputable in terms of community safety

and in arresting the progression of sexual abuse and sexually violent behavior. Professionals, however, who come in contact with youthful persons who have acted out sexually, are often apprehensive about labelling the youth or referring them for treatment, or simply do not know what to do. In the U.S. treatment programs for this population have grown dramatically, however, in Canada, there appears to be a lack of treatment opportunities for these youthful offenders.

This thesis explores three propositions. The first proposition is that juvenile sexual offenders in Canada will form a significant percentage of the total offender population. The writer examines national Canadian data in the process of exploring this proposition.

The second proposition is that children who exhibit sexual offending behavior will differ in significant ways from children who don't. This is a follow-up from some of the studies mentioned in the literature review. The writer will focus particularly on family differences between the group of offenders and the control group.

The final study is an exploratory one of professionals' opinions. The writer proposes that the professionals will record a lack of resources and skill training.

Chapter 5

THE EXTENT AND CHARACTERISTICS OF SEXUAL ASSAULT BY JUVENILES IN CANADA: FURTHER ANALYSIS OF THE NATIONAL SURVEY UNDERTAKEN FOR THE COMMITTEE ON SEXUAL OFFENCES AGAINST CHILDREN AND YOUTHS, 1984.

Introduction

The report of a federal commission on sexual offences against children and youth which was published in 1984, was something of a landmark in the understanding of the nature and dimensions of child sexual abuse in Canada. This report, chaired by Dr. Robin Badgley (and here after referred to as the Badgley Report) has had a significant impact on program development and legal change in Canada, particularly at the federal level. The report does not, however, develop the theme that adequate treatment of juvenile offenders could form the basis of an important strategy of prevention. The report dwells at length, however, on intervention strategies and legal change which could help children once sexual abuse has been revealed.

The Badgley Commission drew on several national surveys in making recommendations for improved recognition and treatment of child sexual abuse. These surveys included data on victims treated or processed by police, child

protection agencies, and hospitals; and a national random survey of Canadian adults who provided information on "unwanted sexual acts" at any time in their lives, including childhood. In this chapter a re-examination of data from a national random sample of the Canadian population is reported on below. This provides important information, not elaborated upon in the Badgley Report, on the age profiles of offenders, and the circumstances of those whose childhood sexual assaults were at the hands of other minors.

Badgley (1984), also reports briefly on data from a survey of 695 Canadian offenders, who were convicted of sex offences involving someone under eighteen. The report comments on these data:

> Although there is a masking effect introduced by the fact that the exact age of the convicted offenders was not obtained in one in five cases (20.3 per cent), the age distribution of those for whom this information was available represented an expected profile. In contrast with the findings of the National Population Survey and the National Police Force Survey in which about a third of the suspected or known offenders were under age 21, only 14.9 per cent of convicted male offenders were in this age category. Considering the variable age limits established by provincial child welfare legislations and the exercising of discretion in the sentencing of young offenders, it is perhaps surprising that about one in seven convicted offenders was under 21 years old. (pp. 846-847)

Badgley also found that those convicted of assaulting female children were more likely to be under twenty-one

(16.4 per cent) than those convicted of sexually assaulting male children (10.1 per cent). Badgley also found that proportionately more of those convicted as a "dangerous sexual offender" (a category involving possible imprisonment for life of a person judged to be incapable of controlling their antisocial sexual impulses) had a record of conviction for a sexual offence when they were still juveniles. Unfortunately, Badgley does not give any statistical detail to support this intriguing finding. Nor does he elaborate on the exact ages of those "under 21" and does not draw out any implications in terms of prevention in the processing of juvenile sexual offenders. However, the suggestion that many of those who go on to commit the most dangerous sexual offences began their pattern of assault while they were still juveniles, has very important implications.

Juvenile Offenders Identified in the National Population Survey

Among the studies undertaken for the Badgley Committee was a national random survey of Canadian households. The study, undertaken in early 1983, used stratified random sampling methods to obtain a sample of Canadians representative of all age groups over eighteen, of both sexes, in all provinces. In all, 2135 persons were contacted by the survey firm undertaking the study, and 2008

or 94.1 per cent returned questionnaires more or less complete. The questionnaires were left with subjects for a few hours, and collected later.

Upon re-analysis of the data (provided by the Federal Health and Welfare Department to Dr. C.R. Bagley, and set up for analysis by Dr. C.R. Bagley on the multics computing system at the University of Calgary), it was found that because of missing data in key sections of the questionnaire dealing with assaultive experiences, the number of males responding fully was 935 out of 1066 originally contacted (87.7 per cent), while the number of females responding fully was 893 out of 1069 (83.4 per cent). The slightly greater reluctance of females to respond to the questions about unwanted sexual acts could reflect either a greater reluctance to talk about such events, or a greater prevalence of sexual assaults in comparison with males. It is likely that, despite the good overall responses to this questionnaire, it underestimates the prevalence of unwanted sexual experiences in the Canadian population.

The questionnaire asked about "unwanted sexual acts" in four categories: exposure; sexual threats; unwanted sexual touching; and sexual assault, including unwanted intercourse. This analysis examines only the last two categories, which represent the most serious end of the spectrum of sexual abuse occurring up to the victim's eighteenth birthday. The data show that sixty-eight (7.3

per cent) of the 935 males in the survey reported either assault involving unwanted touching or fondling of their genital area (by manual and/or oral assault) or unwanted, attempted or achieved anal intercourse or anal insertion by an object up to the age of seventeen. The comparable figure for females (including vaginal as well as anal penetration) was 172 (19.3 per cent) of the 893 females for whom reasonably complete data were available. These are slightly lower estimates than those made by Badgley (1984, pp 179 to 184). The differences are accounted for by our exclusion of cases with much missing data, and treating different aspects of an assault (touching preceding attempted or achieved intercourse) as the same assaultive experience. The analysis of the data reported in the Badgely report appears to give an inflated impression of the amount of sexual assault experienced by the population, because the same assault is sometimes counted more than once, in different categories of assault. Only the most serious aspects of the assault were considered in this re-analysis.

In describing the unwanted sexual experience, respondents were asked to estimate the age of the person or persons undertaking this assault. This information was provided by eighty-one per cent of the fifty-eight males reporting an unwanted sexual act up to age seventeen, and by seventy-five per cent of the 147 females reporting such an assault (Table 1). The categories of assault,

cross-classified by the estimated age of the assaultive person are presented in Tables 2 and 3. It will be seen that 24.1 per cent of assaults upon a male were said to have been at the hands of someone aged less than eighteen. Moreover, assaults by juveniles on males (usually involving a male assailant) were much more likely to be brutal (involving attempted or achieved anal penetration or intercourse) than were assaults by older people. Older assailants were much more likely to masturbate or felate their victim, or to require the young person to do this to them.

The data for females (Table 3) show that 18.4 per cent of unwanted sexual acts involved someone under eighteen. (Where the assault was perpetrated by more than one person, the youngest age reported was used in this classification). The proportions of assaultive persons who are juvenile could of course be higher if they were expressed as a proportion of abusers of known age. Treating the data in this way would give proportions of 29.8 per cent for males, and 19.8 per cent for females. It will be seen from Table 3 that there does not appear to be any variation of the type of assault on females in terms of the age of the assailant - attempts at intercourse seemed to be the chief goal of assailants of whatever age.

The data were then examined to see if statistically significant associations of sexual assault by a juvenile

would emerge (Tables 4 and 5). Table 4 indicates that male victims of sexual assault by a juvenile were particularly likely to be under the age of twelve when the assault took place. This indicates that the victims of adolescent perpetrators tend to be younger. Adults were more likely to use persuasion or gifts to achieve the acts; juveniles were more brutal in their methods, and were more likely to use physical force. As we can infer from Table 2, juveniles using physical force on younger children also achieve or attempt anal intercourse. Adult assailants typically use persuasion or gifts to induce the victim to engage in felatio or masturbation.

Juveniles who assault males were more likely to be a non-related acquaintance or peer, while adult assailants were more likely to be either a stranger or a related person. An intriguing finding was that despite the force and brutality which assault by a juvenile involved, it was the seemingly gentler and more subtle assaults by adults which left the longest legacy of emotional hurt following the abuse. Betrayal of trust rather than brutal force may well be the key factor here.

A number of intriguing demographic correlates of being sexually assaulted by a juvenile emerged for males. The adults recalling such an experience were currently younger, had fewer children in their household (which, in a separate

analysis, was shown not to be a function of age). The adults reporting assaults by a juvenile also were more likely to live in a small town, had completed fewer years of education, and had a lower occupational status than subjects reporting assault by an adult. These are intriguing results, and have not emerged in any previous study of which we are aware.

A similar comparison for females (Table 5) indicates that women reporting assault by a juvenile were more likely to have been under twelve when the assault occurred - typically the assailant is an adolescent, and the victim is a pre-adolescent. Relationship of victim to abuser was fairly similar to the profile for males: juvenile assailants were more likely to have been from the victim's peer group, or to be a cousin or sibling. Adult assailants were more likely to be either a stranger or a close relative, including a father or step-father. While juvenile assailants uttered more threats which inhibited reporting, it was the fear of the authority and power of the assailant which inhibited the victims of adults. As with male victims, assault by an adult caused more long-term emotional harm to the victim. Overall, assaults by an adult were more likely to result in a report to the police. The reasons for this are not entirely clear, but separate data analyses show that adolescent victims are more likely to report the assault than are younger victims. It could be, too, that

sexual assault in a peer group is more likely to be a normative experience (and therefore less likely to be reported), than is sexual assault by an adult. We note as well that juvenile assailants were more likely than adult assailants to join with others in the sexual assault.

The demographic profiles of adult women who recalled sexual assault by a juvenile, before they were eighteen, are quite similar to the profile of adult males who recalled an assaultive experience at the hands of a juvenile. These women were more likely to live in a small town or in a rural area (rural residence did not emerge for males); they were younger, had fewer children, had completed fewer years of education, and had lower occupational status when interviewed, than did women who reported assault by an adult. Since the data for females corroborate the profile obtained for males, these demographic associations have to be considered carefully. It appears that growing up in a small town or a rural area in Canada involves for girls (and perhaps for boys) who have a lower social class background, a lifestyle in which sexual assault by another juvenile is a significant reality.

It is presumed that only a minority of sexually assaultive adolescents (98 per cent of whom are male, in the case of female victims; and 70 per cent of whom are male, in the case of male victims) will go on to be adults with a sexual interest in children. Nevertheless, the obvious lack

of intervention by authorities in the large majority of cases of assault by a juvenile which this survey reveals, confirms the general picture which has emerged in the literature review, of a significant neglect of this problem in Canada. There is no way of knowing how many of the assaultive juveniles developed into adult pedophiles. Generalizing from the work of Groth (1979), however, the number is not insignificant and represents a major social problem which Canadian society has not yet addressed.

Table 1

Percent of Assaults Committed by Minors (Less Than 18)

In a National Survey of Sexual Abuse in Canada

Sex of Victim	Assailant a Minor (up to Age 17)	Assailant aged 18+	Age not Stated	Total Number of Individuals Assaulted
Males (out of 935)	24.1%	56.9%	19.0%	58
Females (out of 893)	18.4%	74.1%	7.5%	147

Note: Subjects were asked to describe "unwanted sex acts" occurring at any age.

Comparison of males and females: distribution of proportions significantly different across categories of assailant at the 1% level, i.e., males are significantly more likely to report assault by a minor.

Table 2

Estimated Age of Assailants in a National Survey of Sexual Assault Upon Canadian Males (N = 58)

Estimated Age of Person Undertaking the Assault	Number of Assaults	Masturbation of Victim and/or Assailant	Oral Sex Upon Victim and/or Assailant	Object, Finger or Penis Forced Into Victim's Anus	Victim Required to Penetrate Assailant's Vagina	Type of Assault Not Specified
7 - 9	1	0%	0%	100%	0%	0%
10 - 13	3	67%	0%	100%	0%	0%
14 - 17	10	50%	10%	60%	50%	0%
19 - 24	17	94%	47%	29%	0%	0%
25 plus	16	94%	25%	25%	0%	0%
Not stated	11	45%	9%	18%	9%	37%

Table 3

Estimated Age of Assailants in a National Survey of Sexual Assault Upon Canadian Females (N = 147)

Estimated Age of Person Undertaking the Assault	Number of Assaults	Masturbation of Victim and/or Assailant	Oral Sex Upon Victim or of Assailant	Object or Penis Forced Into Victim's Vagina or Anus	Type of Assault Not Specified
7 - 9	1	0%	0%	0%	100%
10 - 13	4	0%	0%	100%	0%
14 - 17	22	36%	18%	73%	0%
18 - 24	42	5%	9%	98%	0%
25 plus	67	13%	13%	92%	0%
Not stated	11	0%	0%	91%	9%

Table 4

Significant Association of Age of Assailant Reported by 47 Males

In a Random Sample of 935 Canadian Males

Variable	Cramer's V or Phi	Trend
Age of victim when assault occurred.	.59	Victims aged under 12 more likely to have been assaulted by a juvenile.
Assailant used persuasion or gifts to achieve assault.	.31	Adult assailants used these methods more often.
Assailant used physical force to achieve assault.	.30	Juvenile assailants used these methods more often
Emotional hurt remained following the abuse.	.30	Assault by an adult caused more long-term hurt.
Relationship of assailant to victim.	.55	Adult assailants more likely to be a stranger or close family member. Juvenile assailant more likely to be a non-related acquaintance or peer.
Education.	.36	Victims of juvenile assailant completed less years of education.
Current occupational status.	.39	Victims of juvenile assailant currently have lower occupational status.
Number of children in subject's household.	.46	Juvenile assailant, currently fewer children.
Current age.	.46	Juvenile assailant, currently younger.
Current income.	.46	Juvenile assailant, currently income lower.
City size.	.38	Juvenile assailant - more likely to have current residence in small town.

Note: For purposes of this analysis, age of assailants was dichotomized according to the groups: Juvenile Assailant (aged less than 18) versus Adult Assailant (18 or more) - Ns of 14 versus 33. 11 cases in which age of assailant was not known were excluded from this analysis.

Cramer's V (Phi for 2x2 tables) is a measure of association derived from Chi-squared (Nie, et al., 1975). In the above table, a value of 0.30 is significant at the 5% level, and value of 0.39 is significant at the 1% level or beyond.

Non-Significant Variables: Assailants use of verbal threat; drink or drug use by assailant, physical harm resulting from assault; reported the assault; agency reported to; reasons for not reporting; current marital status; linguistic community; religious status; region or province.

Table 5

Significant Associations of Age of Assailant Reported by 136 Females In a Random Sample of 893 Canadian Women

Variable	Cramer's V or Phi	Trend
Age of victim when assault occurred.	.30	Victims aged under 12 more likely to have been assaulted by a juvenile.
Emotional hurt remained following the abuse.	.23	Assault by an adult caused more long-term hurt.
Relationship of assailant to victim.	.29	Adult assailants more likely to be a stranger or close family (e.g., father). Juvenile assailants more likely to be from peer group or to be a cousin or a sibling.
Did not report abuse because of fear of the assailant.	.34	Adult assailant resulted in more fear.
Did not report abuse because of assailant's threats.	.48	Juvenile assailant uttered more threats.
Victim informed police or other authority following assault.	.34	Adult assailant victims more likely to report.
Education.	.26	Victims of a juvenile assailants completed less years of education.
Current occupational status.	.22	Victims of a juvenile assailant currently have lower occupational status.
Number of children born to subject.	.28	Victims of a juvenile assailant currently have fewer children.
Current age.	.24	Juvenile assailant, currently younger.
Assailant acted with other.	.24	Juvenile assailants more likely to have acted with others in perpetrating the assault.
City size.	.20	Juvenile assailant - more likely to have current residence in small town, or rural area.

Note: For purposes of this analysis, age of assailants was dichotomized according to the groups: Juvenile Assailant (aged less than 18) versus Adult Assailant (aged 18 or more) Ns of 27 versus 108. 11 cases in which age of assailant was not known were excluded from the analysis.

Cramer's V (Phi for 2x2 tables) is a measure of association derived from Chi-squared (Nie, et al., 1975). In the above table, a value of 0.22 is significant at the 5% level, and a correlation of 0.30 is significant at the 1% level or beyond.

Non-Significant Variables: Persuaded or encouraged by assailant; gift by assailant; drinking behaviour of assailant; drug use of assailant; physical injuries or infections resulting from assault; pregnancy resulting from assault; non-reporting because of shame, or "too personal," or "felt responsible" or "too young to understand" or "did not want to hurt family member" or "too angry to do anything"; whether the offence reported; type of agency reported to; current marital status; language used (French or English); religion; province.

Conclusions

Data on the national prevalence of unwanted sexual acts which children and adolescents under eighteen experienced in a Canadian sample have been re-examined. The data were originally collected for the Committee on Sexual Offences Against Children and Youths (the Badgley Committee), but have not been fully analysed. The Committee's report contains few references to the problem of assault by juveniles, although it notes that a significant number of individuals classified as dangerous sexual offenders have a record of conviction for sexual assault while still juveniles.

Analysis of data from the national survey, using the SPSS program run on the Multics computer system at the University of Calgary indicated that twenty-four per cent of males who were the victims of unwanted sex acts were victimized by a juvenile assailant; the comparable figure for females was eigthteen per cent. These are likely to be conservative estimates. Victims of juveniles either knew the assailant through a peer group situation, or were related to the assailant. Juvenile assailants tended to use more force, threat and brutal methods of assault than did adult assailants. Paradoxically, more long-term emotional harm emerged from assault by an adult.

Interesting demographic profiles emerged for adults who recalled sexual assault by a juvenile. They were more likely than those assaulted by an adult to currently be younger, were less well educated, had lower occupational status, and were more likely to live in small town or rural area. Girls in particular reported that assaults by males in groups occurred when they were adolescents, and were perpetrated by a group of adolescents in their peer group.

These data provide for the first time a national profile of sexual assaults perpetrated by juveniles. The problem, clearly, is a significant one, but has not been adequately addressed by any agency. The assaults by juveniles (which in this Canadian study usually took place after 1950) were rarely reported to any authority. It is likely, however, that some of the perpetrators would continue, as adults, to sexually assault children.

Chapter 6

AN EXPLORATORY STUDY OF ATTITUDES OF PROFESSIONALS

As was mentioned in chapters four and six, there is an apparent lack of services in Canada for youthful sexual abusers. The writer's own experience confirms this view. In April of 1986, the writer attended a three-day Forensic Conference in Edmonton, Alberta. The theme of the conference was "Youthful Offenders." Presentations and discussions included an overview of youthful sexual offenders. The participants at the Conference were treatment professionals primarily from British Columbia, Alberta and Saskatchewan. The workshops discussing youthful sexual offenders were full, and the participants expressed their lack of knowledge about what to do with these youth, and lamented the lack of services available. In the spring and summer of 1986, the writer interviewed administrative and treatment personnel at a number of Edmonton and Calgary agencies. The agencies were selected on the basis of information about programs provided in community information books (in Edmonton, the AID book), and by asking the contacted agencies to name other agencies which might have staff who would be likely to treat or encounter requests to treat young sexual offenders. In all, twenty-one agencies and some private practitioners were contacted

either in person or by phone. Agencies included sexual assault centers, agencies which treat adolescents and correctional and child welfare agencies for youth. Of the nine agencies contacted in Calgary, and the twelve agencies contacted in Edmonton, all had received requests to treat or assess the youthful sexual abuser. In all agencies the staff expressed the view that they were not adequately "set up" or prepared for such a task, or that they did not wish it to become part of what they generally do. Some of these agencies would, however, accept an occasional case involving a juvenile sexual abuser. Following this pilot work, in order to explore what professionals who currently work with youthful sexual abusers believe should be done regarding the youthful person, the writer conducted an exploratory study of the attitudes and opinions of professionals. The purpose of this work was to gain an understanding of what professionals who work with youthful sexual offenders believe should be done regarding the youthful sexual abuser; who should do this work; who is currently doing this work; and what support would be helpful for the service providers who work in this area.

Methods of Research

The methodology consisted of circulating a questionnaire on a non-random basis, to be filled out by

respondents who were professionals with experience in working with youthful sexual abusers. The questionnaire (Appendix B) was distributed at two conferences, and to workers in a specialized agency. The first conference was the Family Violence Conference: An Integrated Response, on March 4 - 6, 1987; the second was the Alberta Association of Social Workers Annual Conference on March 19 - 21, 1987 in Calgary. Permission was obtained from the organizers of the Family Violence Conference to display a notice by the registration desk. The notice requested therapists having experience in working with youths who sexually abuse others and who were willing to fill out a questionnaire, to contact the registration desk. Nine hundred people were registered for the conference, and the questionnaire notice should have been seen by over one thousand professionals. The questionnaires were in self-addressed, stamped envelopes. The staff at the registration desk had instructions to simply give one or more questionnaires out as individuals asked for them. The questionnaires could be filled out at the respondent's convenience and dropped in a mailbox. The participants and presenters at the Family Violence Conference were from a broad range of professions, including lawyers, police officers, psychologists, social workers, and other professionals. The sample consisted of people who self-selected themselves as being in the helping profession, and who identified themselves as having some experience with

youthful sexual abusers. The procedures for informing potential respondents about the questionnaire consisted of the above-noted notice, and a letter which was attached to the questionnaire (Appendix C). The term "youthful sexual abuser" was defined in the letter attached to the questionnaire. Participation in the study was voluntary. At the A.A.S.W. Annual Conference, the questionnaires were passed out to individuals who were known to be working with or who had worked with youthful sexual abusers.

One hundred questionnaires in self-addressed, stamped envelopes were made available at the Family Violence Conference, and approximately five were passed out at the A.A.S.W. Conference. Twenty-two questionnaires were returned completed. It is not known why some of those contacted did not return the questionnaire.

The questionnaire was divided into sections A, B, and C. Section A was designed in a closed format and elicited categorical data. It solicited information about the respondent's work setting, the discipline their degree is in, the highest educational level attained, how many sexually abusive youth they've worked with, how familiar they feel with the professional literature about this population, and their most frequent response when encountering these youths.

Section B and C were designed in an open, short answer format. The one exception was question B-3, which asked the

respondents to rank order agencies in terms of relevance and importance. Section B solicited the professional's opinions as to what should be done with young people who act out in sexually harmful ways, what the professionals believe the causes are, which agencies should deal with the matter, whether the aggressive and non-aggressive sexual abusers should be differently treated, in what ways the problem of sexually abusive youths should be addressed, and how serious this problem is.

Section C was to be completed only if the therapists had actually "treated" youths who had sexually abused others. This part solicited professionals' opinions as to what resources they thought particularly useful; which background factor they believed to have been particularly significant determinants for the youths they worked with; differences between male and female sexual abusers; which area of treatment the therapist found most challenging; where the therapists gained their skill in working with this population; which models the therapists found most useful; and whether the therapists personally felt a need for peer or professional support when working with youthful sexual abusers, and if so, what type of support.

The responses to the questionnaire are to be interpreted very cautiously due to very limited sampling, and self-selection. The writer nevertheless believes the results to be important, as the individuals who picked up

the questionnaire or who were selected to receive it are the individuals who are defining themselves as having or are known to have some expertise in this area, and are most likely receiving referrals to work with the youthful sexual abusers within the Alberta community.

Method of Data Analysis

Data generated by the questionnaire were analyzed differently in Section A, B and C. Sections B and C had an open format, so as to allow for the broadest possible interpretation of the questions by the respondent. The results of Sections B and C of the questionnaire, therefore, yielded qualitative data. The writer chose to treat this qualitative data through a content analysis. Abrahamson (1983) recommends an inductive approach to content analysis, rather than a deductive one, if the goal is to theory-build or theory-test.

> An inductive approach entails an investigator's initial immersion in documents of some type in order to identify the dimension, or themes, what seemed meaningful to the producers of the documents. (p. 286).

The writer initially approached the data in Sections B and C by simply reading through the sections in order to immerse herself in the information. Initial immersion would

hopefully lead to identifying the themes, the major attitudes, what seemed meaningful to the respondents of the questionnaire. This led to some global impressions. The next step consisted of looking at each specific question on the questionnaire, and comparing the answers of the respondents to see the various themes which were emerging. The most frequently occurring responses were looked at first. Other responses were then noted.

Quantitative Analysis

In addition to the qualitative, thematic analysis of the questionnaires, a limited quantitative analysis of the data was undertaken of the rankings of preferred treatment agencies. The list of agencies was provided for respondents, but they could also identify a particular agency under "other." The mean rankings (Table 6) indicate that child welfare was the service with the highest ranking, followed by mental health services and the sexual assault centre. The school system and some "other" agencies ranked low overall in rankings. There was a fairly high standard deviation for most rankings, indicating a good deal of scatter or dispersion in scores: in other words, there was not a great deal of agreement about any particular ranking. For example, child welfare though ranked most highly, was the first or second choice of only fourteen of the

twenty-two respondents, and the fourth, fifth or sixth choice of seven respondents.

A cluster analysis of the rankings was undertaken (using the Davis program available through the University of Calgary Computing Services) and identified three divergent groups, with different clusters of preferred agencies. The first cluster, representing seven respondents, involved preference for family treatment in collaboration with mental health services. In contrast, seven respondents preferred the intervention of child welfare programs linked to the correctional system. Five practitioners preferred the program offered by the sexual assault centre in combination with some other agency. Because of the small numbers involved, this cluster analysis must be regarded as very preliminary, but it does suggest the possibility that there are at least two contrasted "camps" of professionals, with different treatment preferences, and perhaps differing attitudes and assumptions regarding the youthful sexual offender.

Rank order correlations of the preferences for agencies have been calculated (Table 7). This correlation matrix indicates, for example that there is a significant negative correlation between a preference for the child welfare system, and preference for the mental health system:

individuals tend not to choose these two agencies as collaborative with one another. A similar lack of conjunction occurs in the rankings of child welfare and family treatment systems. Child welfare is positively linked to rankings of the correctional system, however. Those who rank family treatment highly are particularly unlikely to regard child welfare as an appropriate source of referral. These correlations support the results of the cluster analysis, in suggesting some polarization in the views of professionals with regard to preferred treatment modes. This is an interesting preliminary finding which deserves further research and exploration.

Table 6

Preferred Treatment Agencies for Youthful Sexual Offenders, Ranked by 22 Professionals

Agency	Mean Ranking	Range	Standard Deviation of Ranking
Child Welfare Services	2.69	1 to 6	1.65
Mental health services	3.18	1 to 6	1.30
Correctional services	3.32	1 to 7	1.84
School system	5.32	3 to 7	0.94
Family treatment system	3.95	1 to 6	1.65
Sexual assault/family violence centre	3.18	1 to 6	1.65
Other agency	6.18	1 to 7	2.11

Preferred combinations of agencies:

Cluster 1:	Family treatment plus mental health services (seven practitioners).
Cluster 2:	Child welfare services plus correctional system (seven practitioners)
Cluster 3:	Sexual Assault Centre plus some other agency (five practitioners)
Clusters 4 & 5:	Single agency (three practitioners).

Table 7

Rank Order Correlations of Choice of Agency for Treating Youthful Sexual Offenders, Ranked by 22 Professionals.

AGENCY	1	2	3	4	5	6
1. Child Welfare System	-					
2. Mental health System	-.41	-				
3. Correctional System	-.32	-.17	-			
4. School system	-.02	-.02	-.20	-		
5. Family treatment system	-.54	-.23	-.42	-.09	-	
6. Sexual assault/ family violence centre	-.35	-.01	-.33	-.04	-.14	-
7. Other agency	-.02	-.29	-.31	-.46	-.11	-.04

Note: Correlations of 0.36 and above are significant at the 5 per cent level or beyond.

TABLE 8

Work Setting

N = 22

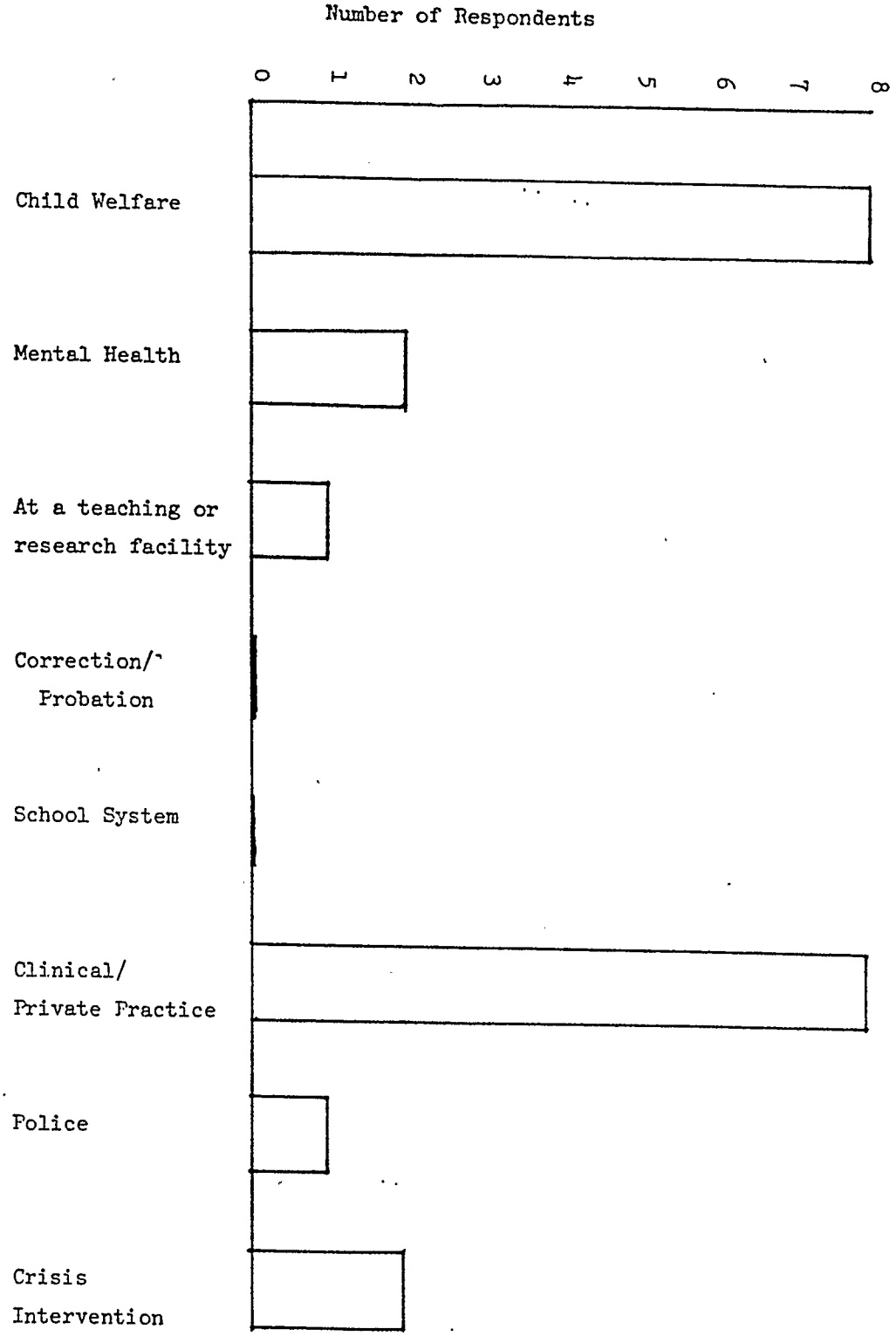


TABLE 9

Discipline of the Respondents

N = 22

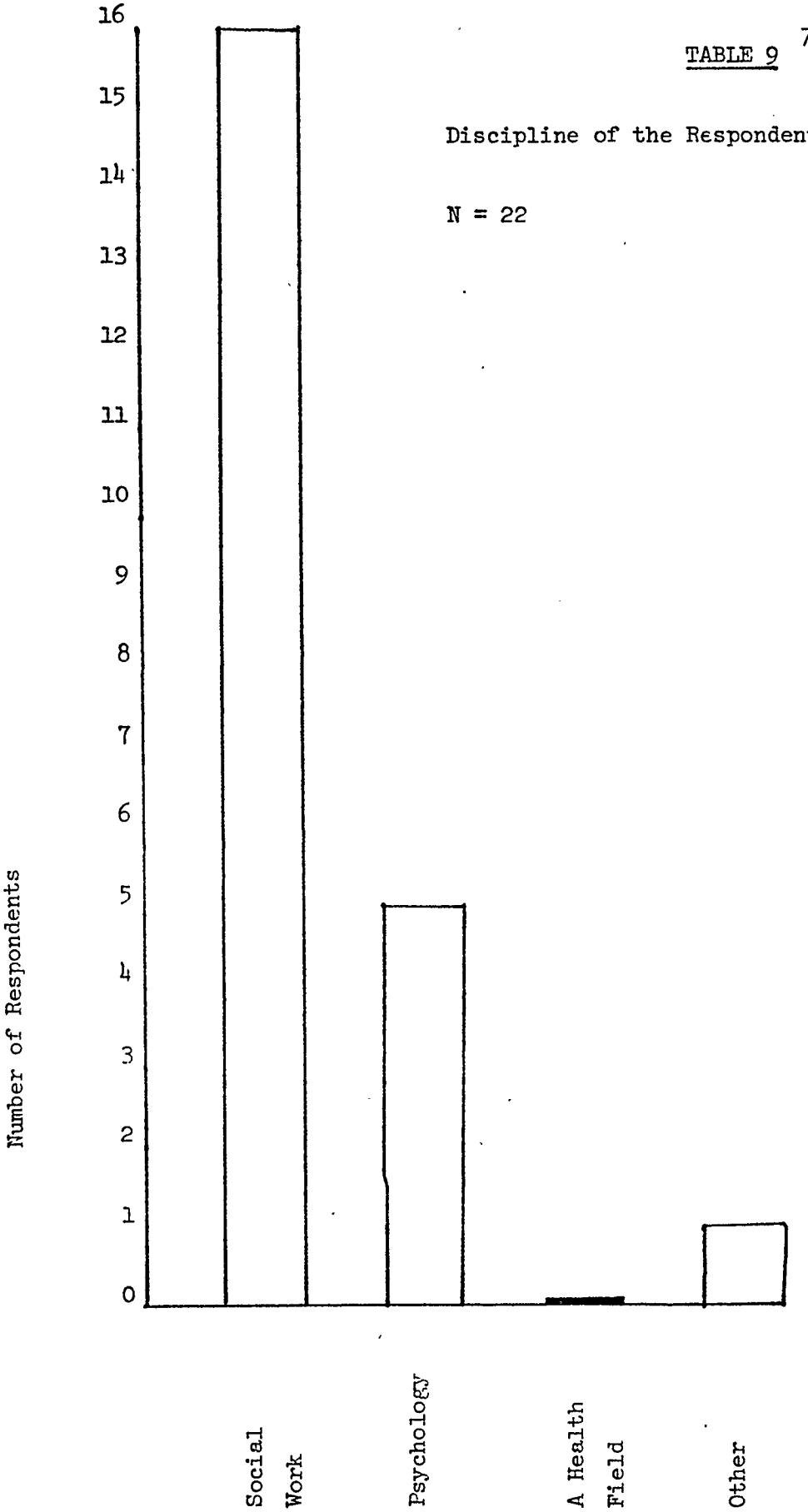


TABLE 10

Experience in Working with Sexually Abusive Youth

N = 22

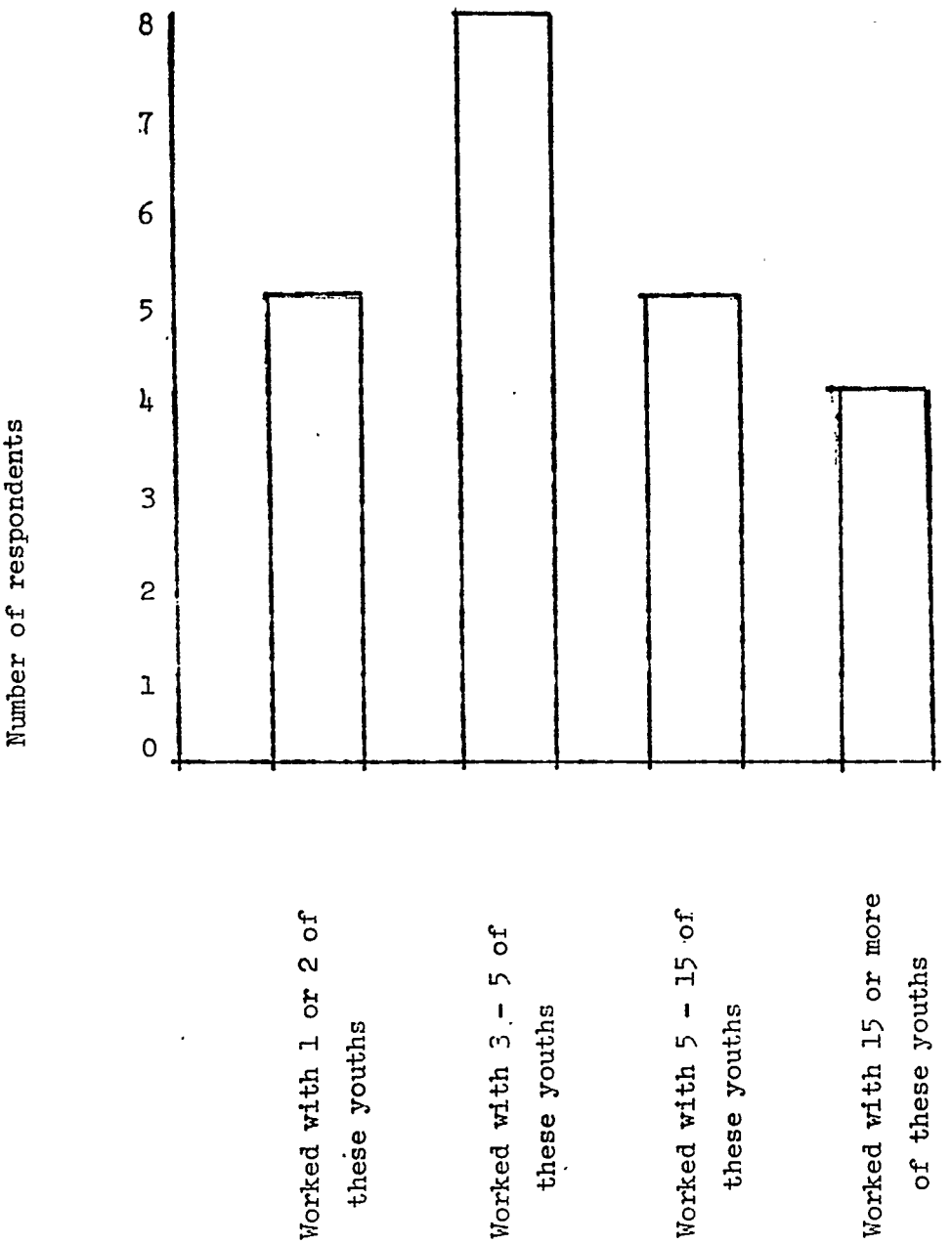
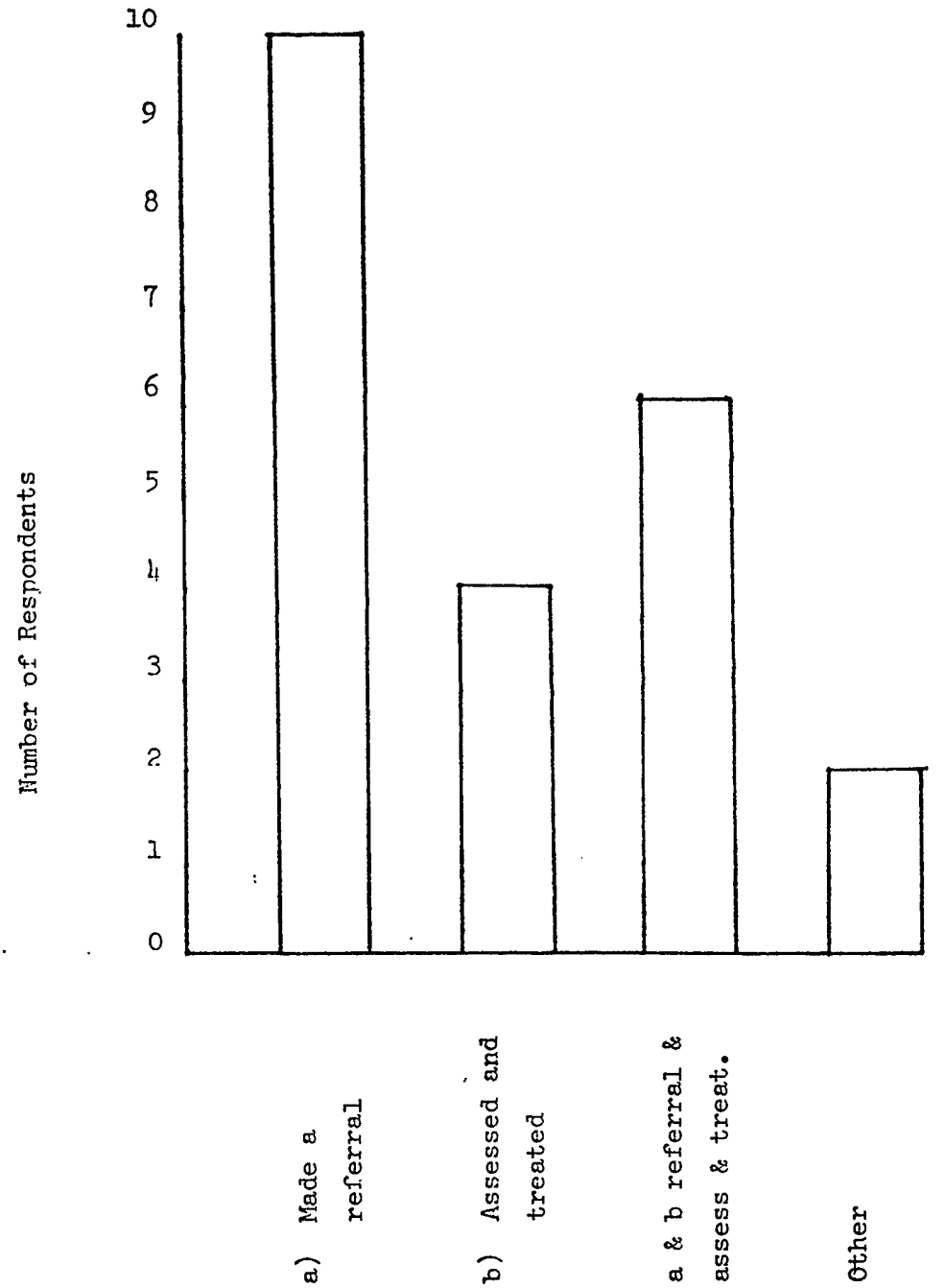


TABLE 11

Most frequent response

N = 22



Description of Results

The majority of respondents had completed a graduate degree in either psychology or social work and felt that they were at least somewhat familiar with the subject of youthful sexual abusers. Half of the respondents indicated that they were very familiar with the subject area. Only one respondent acknowledged having no familiarity with this subject area. (Familiarity is defined as having read about or attended workshops about youthful sexual abusers.)

Of the twenty-two questionnaires returned, seven respondents did not fill out Section C. This indicated that although these respondents had worked with sexually assaultive youths, they had not "treated" them. Rather, they all checked off that they had made a referral to deal with the issue. Six out of these seven listed themselves as social workers, who have both completed undergraduate and graduate degrees, and one as a law enforcement officer. Four worked in child welfare.

In reviewing the work settings of all the twenty-two respondents, it was found that eight of them worked within Child Welfare, two worked in Mental Health, one worked at a Teaching or Research facility, eight worked in clinical or private practice, one worked as a police officer, and two in a crisis intervention agency. There were no respondents who worked in a correctional, probation, or school system

setting. The discipline that the respondents received their degree in was primarily in social work, with sixteen of the respondents having either an undergraduate or graduate degree in this profession. Five of the respondents had degrees in psychology, either graduate or undergraduate, and one had training as a law enforcement officer.

The respondents had varying amounts of experience in working with sexually abusive youth. Five of the respondents had worked with one or two of these youths, seven had worked with three to five, five had worked with five to fifteen, and four of the respondents had worked with more than fifteen of these youths. The most frequent activity that the respondents engaged in was making a referral, which was done by ten of the respondents in the cases that they worked with. Four of the respondents engaged in activities including assessment and treatment, and six of the respondents engaged in both, making referrals as well as assessing and treating sexually abusive youths. Two respondents engaged in other activities including investigation and liaison.

In reading over Sections B and C, and analyzing the respondents' opinions, the following were the initial global impressions: overwhelmingly, (twenty-one out of twenty-two) professionals talked about a need for treatment, in fourteen cases concurrent with criminal charges. One professional still expressed the prevalent idea that

children will grow out of their sexually abusive behavior, and five others mentioned that this can be curiosity or exploration. There was a substantial disagreement as to which agency, or which system, should be primarily involved with youths who sexually abuse others. This will be addressed later.

Most of the respondents saw several factors contributing to youths sexually assaulting others, and commented that there was a need for the situation to be addressed and for it to be looked at through several different methods or agencies, rather than just one method. Only one respondent had received specific training in treating these youths, in the form of an internship or a specialized course. Overwhelmingly the respondents felt the need for peer or professional support when working with these youth.

In listing the opinions of the respondents, the first category to be examined is the respondents' answers to the question: "Are young persons sexually acting out a problem? If yes, how serious is this problem?" Two respondents of the twenty-two listed the sexual acting out as serious, but did not comment in what way. One respondent, the police officer, listed that it was not a problem; and another, an M.S.W. working in Mental Health, indicated that it was a problem sometimes. One respondent drew a map, showing how things can start with curiosity, proceed via inappropriate

parenting, through to exposure to pornography, coupled with poor impulse control and peer pressure, adding stress related to physical or emotional abuse, which in turn leads to acting out of an individual's sadistic or sexually assaultive impulses or fantasies.

Twelve individuals listed young persons sexually acting out as a very serious problem. The following were the themes that were addressed by these twelve respondents: four indicated that the youths may be acting out what was done to them; two pointed out that abuse usually starts in adolescence, and one of these respondents quoted a study stating: "The average age sexual offenders begin to offend is twelve." Three saw this as a societal problem, and one individual added "along with nuclear war and other family problems"; three respondents focused on violence and aggression or power and control as the issues; only one commented on this being a typically chronic behavior that can impact on others "who then suffer or in some cases become vulnerable to abusing"; one who listed herself/himself as a Child Welfare Worker, stated that "most involvement of Child Welfare involves some sort of sexual acting out for one reason or another"; six included comments about possible emotional effects upon either the children who sexually act out or those who may be victimized by this; one person stated "this is most harmful to self and developmental issues"; another person said "problem appears

to be becoming more frequent...perhaps we are seeing the results of undetected/untreated victims of sexual assault." One individual added that female offenders who act out in offending children while they're babysitting, are a very serious problem. The final theme was the description of sexual acting out as very serious because "it's largely untreated...few people have the training or inclination to treat such young people."

Questions B-1 and B-6 explore what the respondents thought should be done with young people who act out in sexually inappropriate or harmful ways. One hundred percent of the respondents mentioned treatment as an imperative component. Fifteen out of the twenty-two respondents mentioned the possible need for concurrent charges. Some respondents felt that charges should be mandatory and primary, with treatment consideration second; some believed that a secure setting or closed custody facility was necessary during the initial stages; some felt that probation was the best course of action, with treatment mandated. Respondents also seemed to favor a multi-faceted approach which included a combination of individual, family, and group therapy, and the need for a multi-disciplinary and collaborative approach was also stressed. Not one respondent replied with only one suggestion. All listed at least two ways that the problem should be addressed, though

some stressed the primary role of a particular agency.

In addition to making comments about individuals' needs and how sexually abusive youths should be dealt with individually, ten respondents specifically mentioned macro approaches such as teaching sex education in schools, the use of media to educate the general public as to the difference between sexually abusive behavior and normal sex play, educating the public to identify, react to/report sexually abusive offenders, engaging in more research, and addressing the messages that we "as a society give regarding women, violence, and sex." Most of the macro comments focused on prevention and on social structure.

Other themes to emerge were the need for multi-disciplinary collaborative approaches, the "imperative need to train professionals to work in this area, and to intensively prepare to respond to and treat this offending population."

The following section deals with the respondents' answers as to the causes of sexual assault. Twenty of the twenty-two respondents listed victimization of the youthful offenders as one cause. Most listed victimization to include both sexual abuse and physical abuse; some mentioned emotional abuse as well. Many also mentioned young persons witnessing violence or witnessing the abuse of someone else, as being contributing factors. Two individuals listed

Finkelhor's precursors as causes. These include factors that lead to predisposition, disinhibitors, victim characteristics, and opportunity or external inhibitors. Four respondents listed power and control issues as critical factors; three commented on curiosity or exploration as critical factors. Other responses included poor impulse control, poor parenting, incest in the family, inter-generational abuse, dysfunctional families, and poor boundaries, media, pornography, societal attitudes towards women, poor communication, sense of inadequacy and failure, poor self-esteem, society's confusion about sex and sexuality, alcohol and drugs, and immaturity or "the maturational levels not matching intellectual levels." Only four respondents listed sexual matters other than sexual abuse, namely, two listed sex role identity problems, and two listed conditioning fantasies while masturbating as causes.

Only five respondents indicated they observed gender differences between male and female sexual abusers. Two indicated that they observed no differences and five indicated that they had only treated male abusers. The remainder of the sample left this question unanswered. Of the five who did observe a difference the responses were as follows: it's difficult to report differences, as the number of female perpetrators seen has been limited; family

background seems similar, dynamics may differ; female offenders are more passive than male offenders; females are not reported as often, and therefore not addressed in treatment with victims; females seem to stop the abuse, whereas males often continue and develop a habitual offending behavior; female victims appear to remain in a victim stance more frequently; there needs to be research as to why some become abusers and others remain victim-like.

Treatment Personnel Responses

Fourteen respondents answered questions on which resources they found most helpful. Several respondents recommended by name one or two psychologists. One psychologist's name was consistently mentioned as having some expertise in the area and being a good referral source. The most common response to this question consisted of answers to the effect that prompt action by a social control agency such as Child Welfare and Police are helpful, and that the gamut of services can be confusing. One respondent indicated that the police are not particularly helpful and that Child Welfare is more concerned with child victims than with child offenders. Two individuals mentioned literature and workshops as a helpful resource. One respondent said that he\she referred all his\her cases to family therapy. Another emphasized that

the family's involvement with the treatment process was the most helpful resource.

Other treatment resources that were mentioned included the treatment methods of: art therapy, social skills training, impulse control training, family therapy, group therapy, court orders for treatment and probation, institutional treatment, sexual information, information on relationship development, self awareness exercises, and empathy exercises.

In listing the most helpful models, twelve respondents replied. Five of them listed a single model; two stated that they draw from a number of models; and the remainder listed combinations of models. The five single models listed were: Finkelhor's model, group work as a model, the Giarretto model, reconstructive models, and the MacMaster model. One individual stated they use both Giarretto and Sgroi models.

The respondents saw different areas as being particularly challenging. Of the thirteen respondents that answered this question, one clearly indicated that this is not an area of preference, but rather an area where they are mandated to work. The most commonly mentioned challenge was identified as working with distorted attitudes towards relationships. This was mentioned by three respondents. Two respondents each listed the following as most

challenging: working with denial, re-education, and developing empathy or in empathizing with the offender. Other difficulties identified were dealing with a professional system, engaging the family of origin in treatment rather than just focusing on youths, doing peer group treatment, engaging in family therapy and developing an awareness of responsibility in the abuser.

Thirteen of the respondents answered the question about where they had gained their knowledge and skills specific to working with youthful sexual abusers. Only one of the respondents received actual training specific to this area in the form of a course and an attached practical experience. The most common method of gaining knowledge and skill, as indicated by eight respondents was through experience or "practicing at work" as one respondent put it. Most of the respondents supplemented this with another approach such as either reading about the subject or attending a workshop or case conference.

Twelve of the respondents who provide treatment to the youthful sexual abusers answered the question on stress and coping strategies. The most frequent reasons given for high stress in working in this area are as follows: three cited feeling isolated, one of these mentioned the stress of "tackling serious problems that systems minimize"; three

included personal feelings of inadequacy in trying to help these youths; three others listed lack of knowledge; two listed the stress caused by the dichotomy of services, citing examples of victim treatment services ignoring offender treatment services and vice versa; and two professionals cited their stress stemmed from the hostility of other professionals to their clientele.

Discussion

In interpreting the results of this exploratory study of attitudes of professionals, great caution has to be used. There are the usual problems of self-selection to consider, as well as a very limited sample. Although only twenty-two questionnaires were returned, the writer nevertheless considers the results to be of interest as the individuals who picked up the questionnaires are the same individuals who are reporting themselves to have some expertise in this area. They are also most likely to be referred the youthful sexual abusers within the Alberta community or to continue seeing these youths in their mandated areas of work. It should be noted however, that some professional groups such as psychiatrists are under-represented and that these results should not be generalized to a broader population.

All of the respondents except for one listed sexual acting out as a problem. Twelve respondents listed it as a

very serious problem. Overwhelmingly, the professionals talked about a need for treatment, usually concurrent with charges. They also agreed that working in this area is stressful and that supports are needed for the professionals. The professionals themselves were predominantly from the social work profession. This could in part be because there were more social workers at the two conferences, and it could even be because more social workers like to fill in such questionnaires. This could however be a real and significant result, due to the fact that more social workers than other professionals work in mandated services for youth. The social work respondents worked in several different settings including Child Welfare, clinical or private practice, mental health, crisis intervention centers, and at a teaching and research facility.

Out of all the respondents only one acknowledged having no familiarity with the subject area of youthful sexual abusers, and over half indicated that they were very familiar with the subject area. Approximately half of the respondents listed several factors as contributing to youths sexually assaulting others, and listed both micro and macro causes to be considered. Similarly, the respondents thought that treatment should be addressed through several different methods, and through multidisciplinary approaches, and should focus on both the individual offender, as well as

larger societal issues. The most frequent response that the respondents engaged in was making a referral, which was done by ten of the twenty-two respondents. Six of the respondents engaged in both making referrals as well as assessing and treating the youths.

Other than the above areas where the respondents agreed with each other, the writer was struck by the numerous discrepancies between the respondents. The respondents disagreed as to which agency or system should be primarily involved with youths who sexually abuse others; disagreed as to why the sexual acting out may be a problem; disagreed as to how to approach the youthful sexual abuser, and on how to proceed with actual treatment. Twenty out of twenty-two agreed that victimization is one of the causes, however there was marked disagreement as to what else could be contributing factors. There were differing points of view as to whether the aggressive and non-aggressive sexual abusers should be differently treated. Opinions as to treatment proceeded from broad and varying bases of theoretical assumptions and models; different respondents saw different areas as being particularly challenging; and the knowledge and skills specific to working with youthful sexual abusers appeared to be developed in a haphazard way. The quantitative analysis suggested that there may be two or three divergent groups or "camps." These differences warrant

further study.

The writer views the primary results of this questionnaire as pointing to a desperate need for training specific to working with youthful sexual abusers, to be provided to the professionals who may come in contact with this population. There are individuals who made it clear that they are mandated to work in this area and that this is not an area of choice. Most of the respondents had referred the cases on, and although half of the respondents indicated they were very familiar with the subject area, only six indicated that they had done readings in this area and only one received actual training specific to this area. The majority of respondents indicated they gained their knowledge through experience. Also obvious was that there are still many myths prevalent. Some of the myths that have been challenged in the literature but which are still perpetuated by respondents are as follows: children are just curious and experimenting, implying that this is normal sexual behavior; that children will grow out of it; that the behavior is all right unless it is frequent/continuous and part of family history; that sexual identity problems can cause sexually abusive behavior, and that there is no difference between the aggressive and the non-aggressive youthful sexual abuser.

The writer also found it interesting that there were

many unsolicited suggestions provided with regards to improving the situation or dealing with youthful sexual abusers. Comments about the stress and coping strategies of professionals working in this area, the professionals' comments about the dichotomy of services, the deficiency in knowledge, and comments concerning the hostility of other professionals were also noteworthy. The writer found it interesting that this "dichotomy" surfaced so clearly in this study. One of the respondents recommended that the general public be educated to identify and report such offences, and concurrently, that "the helping professions must intensively prepare to respond to and treat this offending population."

Why Study Professionals' Attitudes

Literature is full of references to professionals ignoring, denying or in other ways inappropriately dealing with youths who sexually assault others. The writer is personally aware of a professional who is adamant that behavior defined as sexually abusive behavior in this study is normal experimentation; this professional has boasted to the writer that he has "gotten a number of people off in court" through writing reports of this nature. When one realizes the lack of agreement upon what is the problem, how

to address the problem, and what treatment approaches may be helpful in dealing with the problem, the need for a clear understanding of the needs of both professionals and youthful sexual abusers and how these needs can be addressed, begins to emerge. The writer is aware of no other studies into the attitudes of professionals who work in this area.

In Alberta, as in most places throughout North America, children are being taught to report touches that they do not like. If we are teaching our young people to report sexual abuse and a substantial proportion of the sexual abuse is being committed with youthful sexual abusers, is it not reasonable to prepare ourselves as professionals to address the youthful abuser?

> The major responsibility for prevention should not, indeed cannot, be placed on the victims and potential victims...The major focus of prevention efforts should be on potential perpetrators and on the cultural and societal values which allows this problem to persist.. (Cohn, 1986, p. 559)
> .ls=2

Chapter 7

A COMPARISON OF 60 MALE CHILDREN WHO SEXUALLY ASSAULT WITH 332 CONTROL SUBJECTS IN RESIDENTIAL CENTERS FOR SERIOUSLY DISTURBED CHILDREN.

The purpose of this part of the study was to look at sexual abusers in two treatment programs in southern Alberta and compare them with age and sex matched youth in the same treatment programs who have not acted out in sexually assaultive ways. The results of the comparison will be reported. Two methods of measuring the relationship between the subjects and the control groups were used. This consisted of comparing the data using statistic Chi square, and examining a correlation coefficient derived from the chi-squared analysis.

Methods of Research

The methodology consisted of reviewing files in the centers and using a coding schedule that had been drawn up, to record items which could be ascertained from reading of the files. Some preliminary work had been done by Loretta Young for a M.S.W. thesis, 1985. The writer accessed this original data through Dr. Chris Bagley. The last data collection was done by the writer, two practicum students

from the University of Calgary, and Dr. Chris Bagley. The data collection was completed in April, 1987. For purposes of this thesis, the two data sets were merged.

The two treatment centers are located in southern Alberta and cater to children that can be described as very disturbed. These children have typically broken the law, had numerous suicide attempts, or exhibited severe behavioral problems. In all, over 1,000 case files were reviewed.

In the present study, only data from files of male children were analyzed, since the number of female sexual abusers was too small to warrant inclusion. The subjects consisted of those youths whose files mentioned sexually assaultive behaviors. The controls consisted of all the other children in the treatment center who were male and who fell into the same age range as the abusers, namely nine through sixteen. It is possible that some events of sexual abuse were not recorded on file, so there is probably a conservative bias in these comparisons.

The files were reviewed, coded and scanned for any sign of sexually abusive behavior. When a file did note sexually abusive behavior, it was further reviewed, and along with the coding schedule being filled in, a brief description of the child and the family or any other pertinent information that had not been requested on the coding schedule, was noted. In addition, approximately five

control subjects were selected, on a random basis.

The writer did not seek to interview any of the children or their families. Such a course was procedurally and ethically too difficult, but it must be recognized that personal interviews could well throw more light into understanding in this area. (Approximately twelve per cent of male children in the two facilities engaged in sexually abusive behavior of some kind.)

There were some problems in collecting data as most files were not organized in a systematic fashion. It was only with extensive reading that the writer was able to uncover that the child had in fact sexually assaulted somebody. Frequently this was just a paragraph or two, without comment, or with a conclusion that this is normal development or that a child will "outgrow" this behavior.

In a number of cases, problems were long-standing, the child's initial contact with Child Welfare personnel having been started as early as three years of age, and continued on a regular basis thereafter. Some of these files were inordinately thick, requiring an experienced file reader to spend up to four or five hours plodding through massive amounts of data.

What was most interesting was the lack of any focus in the therapeutic programs on the child having sexually assaulted others, or continuing to sexually assault others.

Both centers stressed a behavioral approach, and addressed current problem behaviors, rather than their early cause.

The reliability of coding was assessed through a comparison of the ratings of two observers on twenty cases. there was an eighty-three per cent concordance in rating (p less than .000). Disagreements related mainly to judgments about missing data, or placement of ratings in adjacent categories.

Methods of Data Analysis

Data were coded in numerical categories for analysis by the statistical program for the social sciences (Nie et al, 1975) through the Multics computer system of the University of Calgary. Both Chi squared and Kramer's V were used to measure the degree to which the variables examined distinguished between the subjects and the control group.

Who Were The Children?

Prior to describing the results of the statistical data, the writer will present brief vignettes of some of the children whose files were read:

Case One is a 13-year old boy who was removed from the foster home of his aunt and uncle after he had sexually

assaulted his two-year old female cousin and his six-year old male cousin. Prior to having been placed in this foster home, he had had "sexual experience with other children". This statement was simply noted in the file with no accompanying information. The file also noted that the boy had a history of lying, theft, and "doing poorly in school".

Case Two is a boy who was apprehended at the age of two and subsequently placed in multiple foster placements to age 14. He had been drinking since the age of seven, exhibiting anger, suicidal behavior, and fighting. The file noted that he had "strong and unusual attachment to his brother", again with no further explanation. At the time of admission, he was fifteen years old, had a girlfriend for approximately one year, and had engaged in intercourse with his two-year old cousin while babysitting.

Case Three was a child who had engaged in "incidents with dogs", "beating younger children", "collecting female panties", "beastiality", and was described as having a fascination with fire. The file also noted that there was "sexual conflict in family of origin". There was no further explanation of this statement. An assessment noted that when he was a young child, he consistently urinated on the floor and then played in his urine. His sexual relations

with animals including dogs and horses were addressed by transferring him to new places of residence.

Case Four was a child who was first referred to Child Welfare when he was three, due to his sexually inappropriate behavior. At age five, the child and his mother were asked to leave the Women's Emergency Shelter due to the boy's sexual overtures to other children. The file had consistent records of Child Welfare being called due to sexually inappropriate behavior by either this boy, or his parents. At the time of the writer's reading the file, the boy was 11 years old and was exhibiting inappropriate sexual behavior towards staff, and peers. He had informed staff that he sexually enjoyed watching people get hurt and was particularly sexually excited by the thought of stepping on the heads of young children, or beating women about the breasts. One assessment done of this boy showed that there was a problem with "sex in family". Although this specific statement was not elaborated upon, further review of the file revealed that both the boy's father and mother had been convicted for rape durring the boy's childhood.

None of the above children were receiving any treatment for their sexually abusive behaviors. Furthermore, although some had been assessed following their sexually abusive behavior, none of the assessments indicated that their

behavior was serious or should be further followed up by treatment specific to the behavior. The writer further noted that of the assessments that were conducted, none of the assessments listed all of the sexual behaviors that were noted in the file. Rather, it appeared that a specific incident of sexual behavior was dealt with separate from any other incidents, if it was dealt with at all.

Description of Results

Table 12 shows the results of the comparison between the control group and the subject study. Sexual abusers were significantly more likely to come from intact families, that is, families with the original two parents who stayed together. These families experienced more severe marital tension than the control group; mothers had more mental health problems requiring treatment; fathers had more mental health problems requiring treatment, and father were slightly more likely to drink. Unstable families defined by several male figures, and/or frequent desertions by the father figure were more likely to represent the control group.

Prior to being admitted to the treatment centers, the sexually assaultive youths were more frequently residents of group homes, than of foster homes or family homes. They were more likely to have experienced severe physical abuse

and/or sexual abuse both within the home and outside of the home, and to be the recipients of harsh discipline. These youth came primarily from families who could be classified as the working poor. Chronically unemployed or Welfare parents were more typical of the control group than the sexually assaultive group.

The sexually assaultive youths exhibited highly significant personality factors. They showed marked self concept problems, more hyperactivity or restlessness, more aggression towards the father, and more anxiety, depression, history of substance abuse, running away from home, and neurological conditions than the control group. These youthful sexual abusers were also more likely to engage in serious fire-setting, and to have been encopretic than the control group. They were, however, less likely to exhibit severe behavioral problems by age seven than the control group, less likely to be destructive of possessions and/or property, and less likely to be grade-retarded with no specific learning disabilities. For the degrees of significance refer to Table 12.

General or specific learning disorders were shown to be very significant variables, occurring more frequently in the abusive group. Also significant was that the parents of the sexually assaultive youths were more frequently over-ambitious for their child, and unduly critical of the child's poor school grades. These sexually assaultive

youths also have significantly more impairment of sight or hearing, and significantly more neurological conditions.

A component analysis of the data was carried out and showed that the sexually assaultive youths have health problems that began earlier, (before the age of three) than the control group's health problems. It also showed that their behavior can be clustered around the following components: neurological problems, hyperactivity, aggression towards father, encompresis, and fire-setting. Their personality, more frequently than that of the control group, showed the following symptoms: depression, anxiety, poor self concept, and suicidal ideas and behaviors. However, the control group demonstrated more aggressive behavior towards peer groups and siblings. The control group was also sigificantly more destructive of possessions and/or property than the sexually abusive group.

60 MALES AGED 9 TO 17 WHO WERE SEXUALLY ASSAULTIVE COMPARED WITH 322 AGE AND SEX MATCHED CONTROLS: BOTH GROUPS RESIDENT IN TREATMENT CENTERS IN SOUTHERN ABLERTA, 1978-1987.

Variable	Significance of Chi-squared	Cramer's V or Phi	Trend	
Age on admission	.252	.07	SA:	14.2 years
			Con:	14.4 years
Intact family with two parents (adoptive or biological)	.000	.25	SA:	76%
			Con:	51%
Severe marital tension in family in 3 years prior to admission	.020	.19	SA:	36%
			Con:	25%
Child had single parent at time of admission	.039	.15	SA:	13%
			Con:	23%
Stepfather in home at time of admission	.145	.07	SA:	22%
			Con:	28%
Stepmother in home at time of admission	.943	.02	SA:	7%
			Con:	5%
Mother has had mental health problem needing treatment	.026	.15	SA:	17%
			Con:	9%
Father (where present) has had mental health problem needing treatment	.000	.37	SA:	28%
			Con:	15%
Mother suffers from severe drinking problem	.828	.04	SA:	6%
			Con:	4%

Father (when present) suffers from severe drinking problem	.052	.09	SA: 17% Con: 12%
Unstable family (several male figures, or frequent desertions by father and frequent conflict with partner)	.000	.30	SA: 20% Con: 41%
Resident in group home prior to admission	.000	.24	SA: 57% Con: 35%
Native Indian, Inuit or Metis	.325	.07	SA: 23% Con: 19%
Evidence of severe physical abuse of child prior to admission	.000	.24	SA: 28% Con: 13%
Evidence of sexual abuse of child in the home prior to admission	.000	.55	SA: 54% Con: 5%
Evidence of sexual abuse of child outside the home prior to admission	.000	.48	SA: 31% Con: 3%
Parent(s) chronically unemployed/ on welfare	.014	.19	SA: 1% Con: 19%
Parent(s) blue collar or lower white collar	.012	.21	SA: 61% Con: 49%
Number of siblings 3+	.007	.26	SA: 25% Con: 35%
Evidence of inconsistent discipline, veering from harsh to lax	.050	.11	SA: 32% Con: 25%
Evidence of consis-	.035	.16	SA: 22%

TABLE 12 continued

tently harsh discipline in home			Con: 13%
Parent(s) judged to be over-ambitious for child/unduly critical of poor school grades	.001	.19	SA: 14% Con: 3%
Death of father	.910	.02	SA: 3% Con: 4%
Death of mother	.854	.08	SA: 0% Con: 2%
Severe behavioral problems emerged by age seven	.000	.36	SA: 16% Con: 32%
Marked self-concept problems	.005	.20	SA: 65% Con: 52%
Very poor relationship with peers (aggression/ withdrawal)	.345	.03	SA: 67% Con: 64%
General or specific learning disorder	.000	.41	SA: 58% Con: 22%
Grade retarded, but has IQ in normal range, and no specific learning problems	.000	.27	SA: 16% Con: 40%
Marked hyperactivity or restlessness, now or in past	.000	.29	SA: 35% Con: 23%
Destructive of possessions and/or property	.000	.30	SA: 32% Con: 46%
Marked aggression to mother	.053	.09	SA: 4% Con: 9%
Marked aggression to father	.000	.30	SA: 49% Con: 25%

Marked aggression to siblings	.182	.13	SA: 18% Con: 21%
Marked symptoms of anxiety	.004	.22	SA: 35% Con: 20%
Marked depressive symptoms	.011	.12	SA: 23% Con: 15%
History of deliberate self-harm (attempted suicide) on at least one occasion	.047	.09	SA: 28% Con: 23%
History of drug, alcohol or solvent use to excess	.012	.18	SA: 20% Con: 14%
Has run from home at least twice	.015	.19	SA: 34% Con: 28%
Has been convicted of at least two criminal offences	.215	.06	SA: 28% Con: 24%
Has a significant neurological condition (eg fits, hemiplegia)	.000	.20	SA: 24% Con: 10%
Has a significant impairment of sight or hearing	.000	.20	SA: 20% Con: 8%
Has been markedly encopretic	.000	.23	SA: 18% Con: 3%
Has engaged in serious fire-setting	.000	.40	SA: 33% Con: 8%
Child was adopted	.342	.04	SA: 18% Con: 17%
Problems of health including over-activity, neurological and other problems) before age 3	.000	.39	SA: 36% Con: 14%

Component of behavior: Runs; aggression to peers; destructive; delinquent - score above 50th percentile	.050	.08	SA: 46% Con: 52%
Component of behavior: neurological problems; hyperactivity; aggression to parent(s); encopresis; firesetting - score above 50th percentile	.000	.52	SA: 80% Con: 41%
Component of behavior: depression; anxiety; poor self concept; suicidal ideas and behavior - score above 50th percentile	.000	.38	SA: 64% Con: 46%

Note: Calculation of Chi-square is based on tables with a varied number of cells, and the whole range of variation is not displayed in the above table. Phi is a correlation coefficient based on Chi-squared for a 2X2 table; Cramer's V is a correlation coefficient derived for Chi-squared for a 2XN table. For definitions and formulae see Nie et al's (1975) description of the SPSS package, which was used for the analysis of the above data.

SA = Sexual Abusers. Con = Control Subjects.

Cases with missing data were excluded in the above analysis, so the N is variable in each comparison.

Discussion

In the process of this analysis, it was apparent that the treatment programs in place in the two institutions studied did not address sexual abuse as a problem durring the period of file reviews. In many instances of sexually abusive youths, no mention could be found on file anywhere as to whether an enquiry had been made to determine if these children had themselves been victims of abuse at some point. This highlights the lack of awareness of sexual abuse issues.

The results of this study point to the significant number of youthful abusers who have been abused physically as well as sexually. (The writer suspects that the quoted rate of fifty-four per cent may even be conservative). These young assaultive male children tend to come from families that are maritally intact but with much stress present and parents who are unstable or mentally ill. The writer speculates that when parents stay together in adversive conditions, they are not necessarily providing an environment conducive to mental health for their children. It is suspected too that the sexual abuse experience by these boys has major etiological significance in the development of their own sexually abusive behavior.

Sexually assaultive youths were also more likely to be in group homes prior to admission to the treatment centers.

Presumably these children could not be contained in a family home or foster home. The sexually assaultive youths were considered less aggressive towards others (particulary peers) and less destructive of possessions and property than other youths in the treatment program, but nevertheless what was addressed in treatment was their delinquency.

Although this research was conducted within treatment centers for severely disturbed children, the results are significant and can cautiously be generalized to sexual abusers who are not in treatment centers. This study concurs with much of what is known from past research. It however also brings new data to light, particulary in regards to the families of these youths. The results also highlight the health and learning disorders of these youths. A most significant new finding is that sexual abuse is related to family dysfunction and arises within the context of family pathology within intact homes. It is further interesting that the youth are primarily from low middle class or blue collar homes.

Chapter 8

CONCLUSIONS

This study has explored some of the issues surrounding young sexual abusers. The writer has reviewed the literature in regards to youths who sexually abuse others and has found some new data to add to the knowledge.

The literature research has consistently shown that there is very little information known about the youthful sexual abuser. Early literature talks about the need for addressing this population, and the lack of action that has been taken with regards to the sexual abuse perpetrated by young people. Both early and recent literature also point out the rationalization of adults who come in contact with youths who sexually assault others contribute to the problem not being addressed or acknowledged. (See Appendix D for an example of rationalization as reported in a local newspaper). Most of the studies are American, although Atchison (1954) did undertake a Canadian study of youthful sexual abusers. The more recent research and the studies during the current decade confirm that juvenile sexual abusers are a group that needs to be addressed. Treatment programs for these youths are relatively new and research as to the effectiveness of treatment is still being awaited.

The literature points to the youths having certain profiles and suggest that there is an apparent difference between aggressive and non-aggressive youthful sexual abusers. The literature also points to the need for early treatment of sexual abusers as a significant per cent of sexual abuse is perpetrated by youths, and youthful sexual abusers are the predecessors of adult sexual offenders.

The literature also shows that there are many possible causes of sexually abusive behavior. There is little definitive information in this area except for substantial data that these youths have themselves been victimized.

Approaches to addressing sexual abusers are varied. Treatment methods within programs usually include a combination of various individual, family and group treatments. There is little professional literature available for the therapist who wishes to practice in this area, and virtually no information about the needs of therapists who work in this area.

Results of Thesis Research

The research undertaken by the writer shows that youthful sexual abusers are in fact a significant population of the total abuser population in Canada. This is a big problem and a national problem that is not being addressed in a comprehensive manner in Canada.

The comparison study of youthful sexual abusers with non-sexual abusers shows that sexual abuse is related to family dysfunction and arises within the context of family pathology. The study points to the significant amount of sexual and physical abuse in the homes of the youthful sexual abusers, and to the critical and harsh discipline that these children experienced. The children exibited marked self concept problems, anxiety, depressive symptoms, substance abuse, running away from home and in some cases fire-setting. The sexually assaultive youths were less aggressive (especially towards peers) and less destructive than the control group, but were nevertheless more likely to have been in group homes prior to being admitted to institutional treatment. The treatment centre did not address sexual abuse as a problem, and instead focused on the youth's other delinquencies.

A survey done of professionals who do work with youthful sexual abusers shows that there is substantial disagreement between professionals as to the etiology of this problem, and the manner in which to proceed to treat the problem. It also shows that professionals feel a need for information and support to work in this area.

There is a need for research in this area with actual people as compared with retrospective file reviews. Virtually all of the research to date that has been done in

this area has been through file reviews. Furthermore, most of the population studied has been within the prison system or the psychiatric system. Newer treatment program research, by and large has small sample sizes and as yet has little more data in the way of definitive results. Research is also needed regarding which treatment methods are most effective. Longitudinal follow-up studies are also needed as most of the research data are of a one-shot case study nature, or of retrospective studies. Research is needed to address why it appears that there may be some gender differences, if in fact these differences do exist.

Recommendations

The writer sees youthful sexual abuse as a big problem that society cannot afford to ignore. Youthful abusers left untreated are at risk of becoming adult sexual abusers. It is the writer's contention that sexual abuse is harmful to the victims of that abuse, to the offenders who perpetrate the abuse, and to society at large. The writer suggests many specific recommendations as a result of this thesis. The writer recommends comprehensive, early intervention programs. These programs need to evolve slowly and to incorporate a training component for the professionals within institutions, and community at large who work with this population. As professionals become more

knowledgeable and treatment programs specific to helping this population are established, the public will start to become educated. The writer believes that adequate treatment of juvenile sexual offenders can form the basis of an important strategy for prevention of sexual abuse. The answers lie in both micro and macro solutions.

On a micro level, the comprehensive early intervention programs need to provide a multi-modal treatment strategy utilizing all of the knowledge that currently is available. We need to intervene decisively at an earlier stage, with an approach that is multi-disciplinary. We also need clear models as to how to proceed. Sexual assault is an interpersonal behavior, that is, it is a behavior that necessitates contact or relationship between persons; secondly, it is a sex crime in most cases, and so against the law; and thirdly, it is an aggressive behavior in that coercion or violence is used. All of these issues need to be addressed within any treatment program. The disciplines of law, social work, psychology, medicine, and education are involved, as well as the social structures of the family, and community. There is no one profession or component of society that has taken a lead in dealing with youthful sexual abusers.

On a macro level, sex education in schools has been advocated, since the late 30s, as the single most important form of prevention. Very little research has been done in

regards to what societal factors at large may contribute to the problem of this society producing youth who sexually abuse others. We do know, however, from the research of Straus (1987) that societies which sanction violence perpetuate violence.

If the learning theories are correct in proposing that fantasy and early sexual experiences can contribute to the development of our patterns of sexual arousal, then early intervention is particularly important. Many researchers (Langevin; Money; Groth; Matik) have said that our sexuality, that is, what arouses us sexually, cannot be altered or changed during adulthood. This is supported in that there are no studies or articles that the writer is aware of, nor any mention of any made by any other writers in this area, that claim effectiveness in treating pedophiles (that is, individuals who are solely attracted to children). The writer hypothesizes that prior to the biological changes of adolescence, sexual arousal patterns can be influenced in a variety of directions. This hypothesis needs to be investigated by future research.

Currently, the writer recommends a three-prong approach to the problem of sexual abusers. The first approach would be to educate the professionals who are most likely to come into contact with these young abusers, or to be requested to treat them. This would include adding a component about youthful sexual abusers into the training program of law

enforcement officers, judges, helping professionals, medical professionals, and the school system professional personnel. Informing professionals on how to work within a multidiciplinary context should be part of this training component.

Secondly, the writer advocates for the development of treatment and intervention programs of both an inpatient and outpatient nature. The writer believes that future research will show that there is in fact a continuum from being victimized to becoming a victimizer rather than these being two separate catagories. Longitudinal research that follows these youths is needed. Also needed is specific clinical research into the response of youthful sexual abusers to various combinations of treatment programs. The writer would recommend that treatment programs for youthful sexual abusers fall under the auspices of agencies who are currently treating victims of sexual abuse. These agencies generally are already familiar with the many developmental issues that need to be adressed, in dealing with sex specific material, running groups, and victimology. Provision would have to be made, however, for those youths assessed as needing a secure environment during the provision of treatment.

The third prong is to address the macro issues that may be contributing to this problem. These include impacting the current practices of fusing violence and sexuality in

the media, and changing societal attitudes that not only permit but encourage sexuality and aggression to be presented side by side.

The writer has attempted to fill in some gaps through the research and survey addressed in this thesis.

Implications for Social Work

Social workers, as professionals, represent one of the key disciplines that do deal with youthful sexual abusers. Social workers are often in a position to assess initial behavior due to their employment in mandated child welfare agencies. Social workers frequently receive little training within their graduate or undergraduate degree requirements about sexual abuse. Treatment of perpetrators of sexual abuse is an even more specialized field in which there are fewer resources. It was apparent from the responses to the questionnaire that most professionals learn about how to work with youthful sexual abusers in a haphazard manner. It is also apparent that a variety of different opinions which are not based on any factual knowledge, abound in this area.

The writer recommends that youthful sexual abusers be seen as children in need under the Child Welfare Act. It is the writer's belief, based on what is known from the literature review and recent studies, that the majority of sexual abusers are themselves victims of abuse. The writer

proposes that the students specializing in child welfare or youth work have some learning in the area of youthful sexual abusers as a mandatory component of their course work, The writer also recommends that young sexual abusers be treated within the child welfare system, rather than the correctional system. The writer acknowledges that in some instances where the child is deemed to be a substantial risk to the community at large or to his/herself, a secure treatment setting may be needed. The writer is not in agreement with professionals who do not wish to treat this population, either because they consider them untreatable or incorrigible, or because paradoxically they regard the condition as of little consequence. The writer maintains that if society is to become a safer place for our children, and if youthful abusers are to be prevented from becoming adult abusers, then we must, as a society, accept the challenges of treating these youthful abusers and commit ourselves to researching and developing more efficient methods of prevention and treatment.

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SEXUAL OFFENDERS AGAINST CHILDREN

Adapted from:

A. Nicholas Groth, et al. **SEXUAL ASSAULT OF CHILDREN AND ADOLESCENTS.** Lexington MA Lexington Books, 1978.

A. Nicholas Groth with H. Jean Birnbaum **MEN WHO RAPE: The Psychology of the Offender.** N.Y.: Plenum, 1979.

MOLESTATION

1 Approach is one of seduction or persuasion; offender gains access to victim through deception, enticement, and/or manipulation.

2. Passivity and dependency are major psychological dynamics.

3. Offender displays a positive emotional investment in child; child is seen as "safe" and "caring".

4. Offender typically seeks an ongoing (sexual) relationship with child; involved with child over extended period of time.

5. Victim is a prop in offender's fantasy onto whom offender's needs are projected.

6. Offender's sexual behavior sometimes confined to non-genital acts and/or gradually progresses to increasingly overt and intimate sexual acts.

7. Offender typically wants victim to enjoy the sexual activity; experiences sexual activity as acceptance or expression of affection.

8. Sexual misuse of the child

FIXATED

1. Primary sexual orientation is to children; sexual attraction to children recognized by offender as a permanent state; interest experienced as due to internal, psychological influences.

2. Pedophilic interests begin at adolescence.

3 No precipitating stress/no subjective distress.

4. Persistent interest and compulsive behavior.

5 Premeditated, pre-planned offenses.

6. Identification: offender identifies closely with the victim and equalizes his behavior to the level of the child and/or may adopt a pseudo-parental role to the victim.

7. Male (same sex) victims are primary targets.

8. Little or no sexual contact initiated with agemates; offender is usually single or in a marriage of convenience

9. Emphasis in sexual interaction usually focused on sexually stimulating the child and eliciting a positive erotic response from him/her

10 Usually no history of alcohol or drug abuse and offense is not usually alcohol related

11. Characterological immaturity, poor sociosexual peer relationships.

12 Offense = maladaptive resolution of life development (maturation) issues

REGRESSED

1. Primary sexual orientation is to agemates; sexual attraction to children regarded by offender as a temporary lapse of control/judgement due to external, situational influences.

2. Pedophilic interests more likely to emerge in adulthood.

3. Precipitating stress usually evident.

4. Involvements may be more episodic and may wax and wane with stress.

5. Initial offense may be impulsive and not premeditated.

6. Substitution: offender replaces conflictual adult relationship with involvement with a child: victim is advanced to a pseudo-adult role and, in incest situations, the offender abandons his parental role.

7. Female (opposite sex) victims are primary targets.

8. Sexual contact with a child coexists with sexual contact with agemates; offender is usually married or in common-law relationship.

9. Emphasis in sexual interaction usually focused on offender's arousal, stimulation, and sexual release; child is cast into adult sexual role.

10. Offense is often alcohol related.

11. More traditional lifestyle but under-developed peer relationships.

12. Offense = maladaptive attempt to cope with specific life stresses

RAPE

1. Approach is one of attack or assault; offender gains access to victim through implied or expressed threat to the physical safety of the victim: verbal threat, intimidation with a weapon, and/or physical force — offender may use a position of authority to intimidate the child.

2. Aggression in the form of power and hostility are major psychological dynamics.

3. Child is object of hostility or domination on part of offender; child is seen as "weak" and "helpless".

4. More typically a one-time offense with a series of different victims; less likely to be on-going victimization of the same child unless the perpetrator occupies a role of authority in the life of the victim (e.g., intra-family assault).

5. Victim is depersonalized by offender, or cast into a negative symbolic role.

6. Offender immediately subjects child to sexual penetration and/or forces child to perform overt sexual acts/rituals.

7. Usually no interest on offender's part in having victim enjoy the sex acts self-gratification is primary concern

8. Sexual abuse of the child.

ANGER

1. Aggression: more physical force used than is required to overpower victim; victim is battered and suffers physical trauma to all areas of body.

2. Assault is more impulsive, spontaneous, and unplanned.

3. Offender's mood is one of anger and depression; a child is usually at greater risk of this type of rape in the context of his/her own family (i.e., parent-child assault).

4. Offenses are episodic.

5. Language is abusive: cursing, swearing, obscenities, degrading remarks, etc.

6. Assault is of relatively short duration.

7. No weapon, or if one is employed it is a weapon of opportunity used to hurt not to threaten victim.

8. Victim selection determined by availability; adult victim usually of the same age as offender or older; child victims sexually abused in context of battering.

9. Dynamics: retaliatory aggression; retribution for perceived wrongs, injustices, or "put-downs" experienced by offender; child victim is targeted as a way of "getting even" with an adult to whom the child is related, or as a way of "teaching a lesson to" (punishing) the child.

10. Prior criminal record: crimes of aggression (reckless driving; assault & battery, breach of the peace, etc.)

POWER

1. Aggression: offender uses whatever threat or force is necessary to gain control of victim and overcome resistance; victim may be physically unharmed; physical injury would be inadvertent rather than intentional.

2. Assault is premeditated and preceded by persistent rape fantasies.

3. Offender's mood state is one of anxiety.

4. Offenses are repetitive and may show an increase in aggression over time.

5. Language is instructional and inquisitive: giving orders, asking personal questions, inquiring as to victim's response, etc.

6. Assault may extend over a short period of time with victim held captive.

7. Weapon frequently employed and brought to crime scene for purpose of threat or intimidation more than injury.

8. Victim selection determined by vulnerability; trend towards persons of the same age as offender or younger; child victim easily intimidated by adult authority.

9. Dynamics: compensatory aggression to feel powerful and deny deep-seated feelings of insecurity and inadequacy, to "show who is in control".

10. Prior criminal record: crimes of exploitation (theft, breaking & entering, robbery, etc.) and/or prior sex offenses ("nuisance" offenses and/or sex assaults).

SADISTIC

1. Aggression: physical force is eroticized; if power is eroticized, victim is subjected to ritualistic acts (bondage, spanking, enemas, etc); if anger is eroticized, victim is subjected to torture and sexual abuse

2. Assault is calculated and preplanned.

3. Offender's mood state is one of intense excitement and dissociation

4. Offenses are compulsive, structured, and ritualistic, often involving kidnaping.

5. Language is commanding and degrading, alternately reassuring and threatening.

6. Assault may be for an extended duration in which victim is abducted, held hostage, assaulted, and released/disposed of.

7. Weapon generally employed to capture victim together with instruments for restraint and/or torture.

8. Victim selection determined by specific characteristics or symbolic representation, usually complete strangers, trend toward same-sex child victim.

9. Dynamics: eroticized aggression, symbolic control, elimination, or destruction of threat or temptation in order to regain psychological equilibrium and achieve a sense of integration and wholeness

10 Prior criminal record none or a bizarre ritualistic or violent offense.

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1-11-87 Calgary Herald

Ignoring teen sex offenders hampers treatment chances

TORONTO (CP) — One in every four convicted sex offenders in Canada is a teenager but the problem is even worse than the numbers show, say experts, and treatment programs are inadequate.

"This is a vastly under-reported problem," says John Barnett, a social worker at East Metro Youth Services, which operates one of the few programs aimed at young sex offenders.

"We, as a society, have closed our eyes to it, thinking that if we ignore it, it will go away. It won't."

People who work with teenagers are reluctant to label an adolescent a sex offender, knowing he could carry the stigma the rest of his life.

"Everyone says 'it's only a stage; he'll grow out of it,'" says Grant Lowery of Central Toronto Youth Services, a social service agency which counsels teenagers. The tendency is not to report them, he adds, and as a result no one has a clear picture of how widespread the problem is.

There were 1,388 convicted sex offenders between the ages of 16 and 19 in Ontario from 1979 to 1984, the most recent figures available.

"We've seen a steady increase over the past few years, and we certainly don't have an adequate treatment program," says Lowery.

Barnett agrees.

"It's sometimes scary flying by the seat of our pants, but we've got to start somewhere. We badly need Canadian research. Right now, these programs are experimental."

Trial treatments include group therapy, individual and family counselling, medications and behavioral modification techniques.

Sometimes, the teenager has sexually assaulted a younger child in his family or a child he has been babysitting. Teenagers who sexually abuse children or other adolescents come from all ethnic backgrounds and social and economic groups, Lowery says.

Some lack empathy and social skills, while others don't appear to understand the difference between right and wrong. Almost all are male.

And although people seem to assume that adolescents will outgrow sexual misbehavior, research on prison populations suggests the opposite. Recent U.S. studies show that adult sex offenders often started as teenagers and that their acts of sexual assault grew more serious and more frequent as they moved from adolescence to adulthood.

Many youth workers feel that adolescence may be the only time any kind of treatment might work.

"If you're going to change the sexual offender, adolescence is the place to do it," says Fred Mathews, a psychology research associate with Central Toronto Youth Services.

No single treatment method for adult sexual offenders has proved completely successful, says social worker Carol Appathurai, although she adds that chemical castration has been effective in many cases.

Many young sex offenders have been victims of sexual abuse as children.

"In terms of the harm being done, the cycle goes on," says Mathews. "Some of the kids being victimized right now may well be offenders in 10 years."

One of the few treatment programs for adolescent sex offenders is operated by psychologist Dick Berry at the Thistletown Regional Centre for Children and Adolescents in suburban Etobicoke. But so many more young people are referred to this program than the centre can handle that no new names are added to the waiting list.

The program tailors treatment to each case and includes individual counselling, group therapy and family counselling.

Nov 8/1986

Sitter sends mother a bill despite sex assault on child

By KIM McLEOD
Journal Staff Writer

A mother whose six-year-old child was sexually assaulted by her babysitter's son is outraged the woman still wants to be paid for a portion of her services.

The babysitter's 15-year-old son pleaded guilty and was convicted in April of assaulting the six-year-old boy.

Since the teenager is a young offender, neither his name nor the names of the victim or any relatives can be published.

The victim's mother told The Journal that the babysitter presented her Friday with a summons to appear in small claims court to pay $153 for 10 days of babysitting.

Attorney General's Department spokesman Don Savaria confirmed the assault occurred between Nov. 30 and Dec. 31, 1985 — the last month the child was in the babysitter's care.

"My son is going to pay for this (assault) for years but I won't pay the money — if I have to go to jail for this I will," the boy's 28-year-old mother said Friday.

But the mother of the young offender said she has every right to fight for the unpaid money.

"I had a job to do, I did my job," the woman said.

She said she disputed the fact that her son assaulted the six-year-old, even though he was convicted of the crime. She would not comment further on the incident.

But the victim's mother insisted that Social Services officials told her other children who were being cared for by the babysitter were also sexually assaulted.

The Attorney General's Department had no record of any other charges against the young offender, Savaria said Friday.

The victim's mother also questioned whether the offender was receiving psychiatric treatment.

During sentencing, the teenager was ordered to see a probation officer and seek whatever counselling the officer requested.

But the victim's mother, who is also a psychiatric nurse, says she has heard the boy is being treated only by a medical doctor.

"I've worked with sexual offenders . . . and I'm deathly scared now that he's free."

She also said the young offender threatened her son with death if he revealed what the older boy was doing.

The 15-year-old also told the younger boy to stand in front of a mirror and repeat that he was ugly and retarded, said the victim's mother, who has two other children.

The boy, who was so shaken up by the incident he was taken out of school, is now undergoing full-time psychiatric counselling, his mother said.

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Questionaire

As part of my thesis research in social welfare at the University of Calgary, I am soliciting professionals' opinions and beliefs about youths who act out in sexually inappropriate or harmful ways. It is hoped that this data in conjunction with other generated data, will provide a clearer understanding of the youths who sexually abuse others. A second expectation is that information can be gathered as to what professionals who work in this area believe should be done regarding the youthful sexual abuser; who should do this; and what support would be helpful to the service providers.

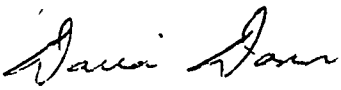
As a person in a helping profession who may encounter a youthful sexual abuser, your opinions and beliefs are valued and appreciated. The attached questionnaire will take about 20 minutes to complete. Participation in this study is entirely voluntary and the individual opinions expressed in the questionnaire will be held in the strictest confidence.

"Youthful sexual abuser" applies to persons under the age of eighteen (18) who act out with or against other people in an inappropriate or harmful manner. For the purposes of this study the following criteria are used as indicative of inappropriate sexual behaviour: an age difference of five years or more between the youths, coercion by threat, bribery or violence or other behaviours in which the partner did not consent.

Please do <u>not</u> identify yourself in any way.

Thank you for your cooperation.

Sincerely,



Daria Dann, B.S.W., R.S.W.

A. 1. Which of the following best describe your work setting:

____ 1. Child Welfare
____ 2. Mental Health setting
____ 3. At a teaching and research facility.
____ 4. Correctional setting/probation
____ 5. School system
____ 6. Clinical practice/private practice
____ 7. Other - Please specify _____

2. Please indicate the highest educational level you've attained.

____ 1. Completed undergraduate degree
____ 2. Completed graduate degree
____ 3. Completed doctoral degree
____ 4. Other - Please note _____

3. Which dicipline is your degree in?

____ 1. Social work
____ 2. Psychology
____ 3. A health field
____ 4. Other-please state_____

4. Have you worked with youths who engage in sexual abuse? This includes sexual contact with someone five or more years younger, or behavior that included coercion, violence or threat of violence.

____ 1. Never worked with these youths
____ 2. Worked with one or two of these youths
____ 3. Worked with three to five of these youths
____ 4. Worked with five to fifteen of these youths
____ 5. Worked with more than fifteen of these youths

5. Have you read some professional literature or attended workshops about youthful sexual abusers.

____ 1. None
____ 2. Some
____ 3. Familiar with the subject area.

6. In encountering sexually abusive youths, which of the following most frequently reflected your response?

____ 1. Made a referral to deal with the issue
____ 2. Assessed and treated
____ 3. Did nothing
____ 4. Other - Please specify _____

B. Please use the space under the question to answer the following. The back of the questionnaire can be used for more space if needed. Please indicate which question is being addresssed.

1. What in your opinion should be done with young people who act out in sexually inappropriate or harmful ways?

2. What do you think are the causes of some young persons sexually abusing others?

3. Priorize the agencies which you believe should be primarily involved with youths who sexually abuse others. Number the primary agency #1, with higher numbers representing a lower priority.

____ child welfare
____ mental health setting
____ correctional setting/probation
____ school system
____ family therapy
____ domestic violence or sexual assault centres
____ other - please specify _____

4. Should the aggressive youthful sexual abuser and the non-aggressive youthful sexual abuser be differently treated? If so, how?

5. Should professionals accept referrals of youths who sexually abuse others? If so at what point.

6. In your opinion, in what way should the problem of sexually abusive youths be addressed?

7. In your opinion, are young persons sexually acting out a problem? If yes- how serious is this problem?

C. Please complete this section only if you have treated youths who have sexually abused others.

1. Which resources have you found to be particularly helpful in your work with youths who sexually abuse others?

2. Please comment on the background factors that you believe to have been particularly significant in youths acting out in sexually inappropriate or harmful ways. Be specific, eg., if family played an important role, please specify in what way.

3. Have you observed any differences in background factors, behavior and motivation between female and male sexual abusers?

4. Which areas of treatment do you find most challenging when working with youthful sexual abusers?

5. Where have you gained your knowledge and skills in working with youthful sexual abusers?

6. Which models have you found to be most helpful to you in working with youthful sexual abusers?

7. Have you personally felt a need for peer or professional support when working with youthful sexual abusers? If yes- Please comment on the stress and coping strategies specific to this work.

FILE REVIEW CODING SYSTEM

Home Identification #

Date of Admission

Date of Discharge

Date of Birth

Sex: Male = 1, Female = 2

Home contains original two parents (biological or adoptive) at child's admission:

0 = not known
1 = yes, intact home
2 = no, other situation

History of marital problems in child's parents in 3 years up to admission:

0 = not known/no information
1 = no evidence of marital conflict or tension
2 = some marital conflict, but no separations
3 = severe marital problems but no separations
4 = separation occurred

Single parent family at time of child's admission

0 = unknown
1 = no
2 = yes

Cottage #

Stepfather in home at time of child's admission?

0 = unknown
1 = no
2 = yes

Stepmother in home at time of child's admission?

0 = unknown
1 = no
2 = yes

Resident in group home at time of admission?

0 = unknown
1 = no
2 = yes

Resident in foster home at time of admission?

0 = unknown
1 = no
2 = yes

Resident with relatives (not a parent) at time of admission?

0 = unknown
1 = no
2 = yes

Mental health of mother (biological or adoptive) in 3 years prior to admission?

0 = unknown
1 = no mental/behavioral problems
2 = some problems
3 = marked problems, involving referral and treatment
(code alcoholism separately)

Mental health of father in 3 years before child's admission:

0 = not known
1 = none
2 = some problems
3 = marked - referral or treatment

Alcoholism/addiction in mother in 3 years prior to child's admission?

0 = not known
1 = none
2 = some problems
3 = marked - referral or treatment needed or received.

Alcoholism/addiction in father in 3 years prior to child's admission?

0 = not known
1 = none
2 = some problems
3 = marked - referral or treatment needed or received.

Family disruption in 3 years before admission?

0 = not known
1 = not
2 = some evidence
3 = clear evidence of some disruption
4 = clear evidence of marked disruption (at least 1 change of partner by a parent/parent leaves and returns following dispute/ mother pregnant by outside partner)

Parents Indian or Metis

0 = not known
1 = no
2 = yes

Child has suffered physical abuse in the past?

0 = not known
1 = no
2 = some evidence/mild abuse
3 = clear evidence of marked abuse

Child has suffered sexual abuse in the family setting?

0 = not known
1 = no
2 = some evidence/mild
3 = clear evidence of marked abuse

Child has suffered sexual abuse outside the home

0 = not known
1 = no
2 = some evidence/mild
3 = clear evidence of marked abuse

Social status of family?

0 = not known
1 = supporting parent mostly unemployed/on social assistance
2 = supporting parent regularly works in intermediate occupation
3 = supporting parent in white collar/managerial/professional post

No. of siblings?

Discipline inconsistent (sometimes none, sometimes authoritarian)?

0 = no information
1 = no
2 = some evidence
3 = clear evidence

Discipline consistently harsh and authoritarian

0 = no information
1 = not
2 = some evidence
3 = clear evidence

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Death of father?

0 = no information
1 = no
2 = yes

Death of mother?

0 = no information
1 = no
2 = yes

Age at which marked behavioral problems emerged (in years)

00 = not known

Child has problems of self-esteem or self-concept?

0 = no information
1 = no
2 = some problems
3 = marked problems

Problems with peer relationships/ aggression to/withdrawal from peers?

0 = no information
1 = no
2 = some problems
3 = marked problems

Poor school achievement or poor grades for age (but child is not SLD or GLD)?

0 = no information
1 = no
2 = some problems
3 = marked problems

Child has IQ less than 80/GLD/SLD?

0 = no information
1 = no
2 = yes

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Child is hyperactive or over active?

0 = no information
1 = no
2 = some sign
3 = marked sign

Child is destructive of property or belongings?

0 = no information
1 = no
2 = some sign
3 = marked sign

Aggression to mother?

0 = no information
1 = not
2 = some sign
3 = marked sign

Aggression to father?

0 = no information
1 = not
2 = some sign
3 = marked sign

Aggression to sibling(s)?

0 = no information
1 = not/no siblings
2 = some sign
3 = marked sign

Anxious or nervous or obssessional?

0 = no information
1 = not/never
2 = some sign
3 = marked sign

Depressed?

0 = no information
1 = not/never
2 = some sign
3 = marked sign

Running from home?

0 = no information
1 = not/never
2 = some sign
3 = marked sign

Suicidal ideas/behavior?

0 = no information
1 = not
2 = some sign (threats)
3 = clear sign (deliberate self-harm in past)
4 = suicidal threat/risk/attempt in Hull

Delinquency?

0 = no information
1 = never
2 = some (e.g., one minor delinquency)
3 = several minor delinquencies
4 = a major delinquency (e.g., armed robbery; assault)

Sexual Acting Out/Delinquency

0 = no information
1 = never
2 = some sign (exposure, etc.)
3 = marked sign (e.g., prostitution, sexual assault, promiscuity)

Neurological/CNS problem (e.g., fits, epilepsy, motor problems)

0 = no information
1 = never
2 = some sign
3 = marked sign

Child has used drugs/alcohol/solvents?

0 = no information
1 = never
2 = some sign
3 = marked sign

Child has problems of hearing/sight/ speech

0 = no information
1 = not
2 = some sign
3 = marked sign

Encopresis/enuresis in past

0 = no information
1 = never
2 = some sign
3 = marked sign

Fire-setting

0 = no information
1 = never
2 = some sign
3 = marked sign

Discharge Status

0 = not yet discharged
1 = not clear
2 = discharged to parents
3 = discharged to group home
4 = to foster home
5 = in care of social worker
6 = other

Adoption

0 = no information
1 = not (clear family history but not mentioned)
2 = adopted

If adopted:

By stepfather 0 = no, 1 = yes
By stepmother 0 = no, 1 = yes
Age adopted, in months (000 = unknown, 001 = adopted in 1st month of life)
Adopted by a foster parent
0 = no, 1 = yes

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For all children

0 = no information
1 = not
2 = some problems in infancy (sleep problems, crying excessively)
3 = marked problems

0 = no information
1 = not
2 = early history (less than age 3) of health or disability problem
3 = marked, early problem

0 = no information
1 = not
2 = psychotropic medication at intake

0 = no information
1 = not
2 = temporary ward/guardian
3 = permanent ward/guardian
4 = custody by agreement