Short Research Report:
A Brief Report of the Characteristics of Adolescents with Identified Sexually Abusive Behaviours Referred to a Forensic Child and Youth Mental Health Service

Tania Withington
Children’s Health Queensland Hospital and Health Service, Australia

James Ogilvie
Griffith University, Australia

Bruce Watt
Bond University, Australia

Abstract
The current study explored individual, family and environmental characteristics of adolescents exhibiting sexually abusive behaviours referred to a child and youth forensic mental health service in Queensland. Client files were coded for mental health disorders, features of sexual behaviour and psychosocial circumstances. Results were comparable to international studies of the characteristics of adolescents who engage in sexually abusive behaviour, with a wide range of problems not specifically related to sex offending identified. Characteristics of the sample included high rates of removal from the family, physical and emotional abuse, learning and language difficulties, and social deficits. It was suggested that the sample might represent an early developmental stage in the pathway of sex offending, highlighting a unique opportunity to intervene and reduce the risk of both sexual and non-sexual recidivism. Longitudinal study of this population may assist to increase knowledge of factors influencing the development, prevention and treatment of sexually abusive behaviours in adolescents.

Sexually abusive behaviour by adolescents poses considerable concerns for their victims, families, as well as the young person him/herself. Young people who engage in sexually abusive behaviours tend to have family backgrounds characterised by severe family problems, out-of-home placements, and exposure to abuse and neglect (Caputo, Frick, & Brodsky, 1999; Kenny, Keogh, & Seidler, 2001). Physical abuse and family violence are particularly prevalent in the population of young people with sexual behaviour problems. (Drach, Wirzten, & Ricci, 2001; van Wijk et al., 2006; van Wijk et al., 2005; Veneziano, Veneziano, & LeGrad, 2000; Worling, 1995). Mental health diagnoses are prominent among young people who engage in sexually abusive behaviours, especially conduct disorder and attention deficit hyperactivity disorder, as well as depressive disorders (Becker, 1998; Becker, Kaplan, Tenke, & Tartaglioni, 1991; Kenny, Keogh, Seidler, & Blaszczynski, 2000). Within the broader social context, sexually abusive adolescents tend to have a history of academic underachievement and behavioural problems, social skills deficits and isolation from peers (Kenny et al., 2000; van Wijk et al., 2005; Veneziano, & Veneziano, 2002).

Research with adolescents who engage in sexually abusive behaviour has typically focused on rates of recidivism and associated risk factors, and there has been comparably little focus on the clinical features of this population. While international evidence indicates that the age of onset for sexual behaviour problems is an important factor to consider in understanding sexual offending trajectories (Burton, 2000; Friedrich et al., 2005; van Wijk, Mali, Bullens, & Vermeiren, 2007), there is very little empirical information available concerning young people with sexually abusive behaviours who have minimal or no contact with criminal justice systems. Such information is central to the development of early intervention strategies aimed at preventing the onset of persistent sexual offending behaviour into adulthood, potentially representing an early stage in the developmental pathway to persistent sexual offending.

The current study extends previous research with sexually abusive adolescents by evaluating young people referred to a specialist forensic mental health service in Queensland, most of whom have not been adjudicated as sex offenders at Court. Based on previous research on the psychosocial characteristics of this client group (for example, see: Kenny et al., 2000; Smallbone, 2006), it was hypothesised that the target group would have extensive histories of victimisation,
including physical/sexual abuse and neglect, and high rates of family dysfunction and disadvantage. Within the educational context, it was hypothesised that most adolescents with sexually abusive behaviours would have had academic difficulties and peer relation problems. Finally, it was hypothesised that the target group would be characterised by diversity in the range of antisocial behaviours, as opposed to specialising in sexually abusive behaviours.

Method

Participants and Measures

The present study utilised a multiple case-study design. Data from Child and Youth Forensic Outreach Service (CYFOS) case files was collected retrospectively from consecutive referrals over a three year period. CYFOS is a consultation-liaison service that assists agencies working with young people with co-occurring mental health and offending behaviour concerns in child and youth mental health services and youth justice services across South East Queensland. The first author developed a coding instrument, in consultation with the project team, to measure individual, family, and environmental variables associated with the presentation of sexually abusive behaviours, as identified from a review of the literature. Inter-rater reliability was checked for 15 cases. These participants were coded by an independent researcher, who was blind to the study hypotheses and the second author. Average agreement across all variables was 82.41%, with average Kappa in the fair range, $K = .49$ (Kaplan & Saccuzzo, 2013). For coding categories, agreement was good to excellent for most variables (agreement 77.73% to 92.33%, $K = .43$ to .81) though low for victim characteristics (M agreement 70.00%, $K = .32$).

For eligibility into the study a CYFOS case file must have been opened between 31/12/2002 to 01/01/2005 inclusive, the individual must have been identified as displaying sexually abusive behaviours, and the case file must have contained sufficient information for coding. The final study sample selected consisted of 29 CYFOS referrals included 27 males and 2 females, with a mean age of 14.29 (SD = 1.41 years).

Results

The majority of study participants were males of Anglo-European heritage. The mean age of the first reported sexually abusive behaviour was 11.79 years, indicating a mean difference of 2.50 years between onset of sexually abusive behaviour and clinical referral. School transitions were frequent; 41.38% of participants had attended between four and more than seven schools in their academic careers. Youth worker supported accommodation was the primary residence for 31.03% of participants, 24.14% lived with one biological parent, 13.79% in foster care, and 10.34% resided with extended family, while only one participant lived with both biological parents. In 58.62% of cases a biological parent was the young person’s legal guardian, while in 34.48% of cases guardianship was held outside the biological family (e.g. child protection services).

Conduct disorder (37.93%) and attention deficit/hyperactivity disorder (34.48%) were the most frequently diagnosed mental health problems for participants. Comorbid diagnoses were common. Post-traumatic stress disorder (24.1%) and attachment disorder (20.69%) were the next most frequent diagnoses. Adjustment disorder and mixed disorder of conduct and emotion were both diagnosed in 13.79% of participants, and smaller proportion received diagnoses for anxiety disorder (6.90%) or depression (6.90%).

High levels of victimisation were found for the sample. Most of the participants were victims of familial physical abuse (79.31%), familial emotional abuse (89.66%) and/or had witnessed intra-familial violence (72.41%). One in four young people were victims of sexual abuse by a family member (27.58%) and equivalent rates were found for non-familial sexual abuse (27.58%). The majority of individuals had been removed from the family environment on at least one occasion (82.76%) by child protection services. Chronic/life/situation stressors were also common, including changed life circumstances (e.g. enduring physical illness, change in geographic location, change in schools), witnessing parental self-harm, or being subject to a false report of sexual assault (72.41%).

As displayed in Table 1, the family histories of the sample were characterised by high rates of multiple and often comorbid psychosocial problems and dysfunction. Overall, the family environments of the sample were often characterised by disorganisation in family structure (e.g., absent parents) and poor parenting practices.

Socio-educational problems were pronounced for the sample. Almost half of the sample had been victims of school bullying (44.83%). Within the educational context, many participants displayed learning difficulties (72.41%), language disorder (65.52%), low intelligence (48.27%), truancy and other problematic behaviours (37.93%), with a high rate of previous suspension or exclusion from school (62.07%).

As perpetrators of sexually abusive behaviours, three quarters of participants, knew their victim (72.42%), and in almost half of the cases, the victim was a family member (44.83%). In almost all cases, the perpetrator had a single victim per offence (93.10%), and although the difference was small, there were slightly more female (79.31%) than male victims (69.00%). The most prevalent forms of sexual behaviour within the sample were inappropriate
Table 1
Family History of the Sample

<table>
<thead>
<tr>
<th>Family History Variable</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disruption to Family Relationships</td>
<td>96.55</td>
</tr>
<tr>
<td>Disruption to Connections to Community</td>
<td>93.10</td>
</tr>
<tr>
<td>Biological Family History of Mental Illness</td>
<td>51.73</td>
</tr>
<tr>
<td>Non-Biological Family History of Mental Illness</td>
<td>13.80</td>
</tr>
<tr>
<td>Trans-Generational Abuse</td>
<td>34.48</td>
</tr>
<tr>
<td>Lack of Sexual Boundaries in Family</td>
<td>55.17</td>
</tr>
<tr>
<td>Biological Family History of Drug or Alcohol Abuse</td>
<td>48.28</td>
</tr>
<tr>
<td>Non-Biological Family History of Drug or Alcohol Abuse</td>
<td>6.90</td>
</tr>
<tr>
<td>Parental Supervision and Discipline</td>
<td>82.76</td>
</tr>
<tr>
<td>Negative or Hostile Family Communication Style</td>
<td>89.66</td>
</tr>
<tr>
<td>Mother’s Prior History of Victimisation</td>
<td>41.38</td>
</tr>
<tr>
<td>Father’s Prior History of Victimisation</td>
<td>17.24</td>
</tr>
<tr>
<td>Biological Parent Illness (Physical)</td>
<td>27.58</td>
</tr>
</tbody>
</table>

*Note:* Totals > 100 per cent due to the existence of multiple problems within individuals.

touching (82.76%), penetration (48.28%), inappropriate sexual language towards others (48.28%), and using pornography (48.28%). Deviant sexual fantasies or arousal as reported by the young person and recorded in the clinical file was evident for one in five young people (17.24%). Approximately half of the participants reported use of some form of coercion (verbal threats, physical threats, physical violence) (51.72%) in their offending. Cognitive distortions (24.14%) and deficits in sexual knowledge (24.14%) were not particularly evident, though almost half of the sample either denied or minimised their sexual behaviour problems (44.83%). Sexually abusive behaviours were displayed in the home, community and/or school context, with more than half of the young people displaying sexual behaviours in multiple settings (55.17%).

A considerable proportion of the sample had previous convictions for offending. One third of the participants had a history of sexual crimes, approximately 40% had a history of property crime, and one in five had a previous conviction for non-sexual violence. At the point of data collection, half of the sample had a current sexual offence charge or conviction. Beyond official justice statistics, the youth were involved in a variety of antisocial and other problematic behaviours reported by the youth themselves, the referral agency or the primary carer. Property damage (58.62%) and violence against persons (82.76%) were common. Abuse of at least one substance was recorded for one in three young people. Cruelty to animals (31.03%), fire-setting (37.93%), self-harming and suicidal thoughts (55.17%) were also prevalent for a sizable proportion of the sample. One in five young people had previously attempted suicide. The behavioural problems of this sample extended across multiple environments including home, school and community.

**Discussion**

The present study examined individual, family and environmental characteristics of young people with sexually abusive behaviours referred to a Child and Youth Forensic Outreach Service Queensland. Overall, this study revealed significant similarities between the current sample and existing Australian, North American and European samples of adolescent sex offenders (Hunter, Figueroa, Malamuth, & Becker, 2003; Nisbet & Seidler, 2001; Righthand & Welch, 2001; van Wijk et al., 2005; Veneziano & Veneziano, 2002).

As hypothesised, most participants in this study had experienced pervasive problems within the family context. The family was frequently the setting in which the adolescents were themselves victimized, and in turn, victimized others. While there are still many questions about the etiological factors impacting on adolescents that engage in sexually abusive behaviours, existing research strongly suggests that the family environment
and relationships play a significant role (Caputo, Frick & Brodsky 1999; Kenny, Keogh & Seidler 2001).

In comparison to physical abuse, sexual victimisation was less evident for the young people, either perpetrated within the family or extra-familially. The finding of high rates of problematic family environments, including physical abuse and violence, and relatively low rates of sexual abuse is consistent with the existing research that indicates that sexual abuse is not unique to the histories of children and adolescents who engage in sexually abusive behaviours (see van Wijk, Loeber, Vermeiren, Pradini, Bullens & Doreleijers 2005). It was likely however, that self-disclosure of sexual abuse is under-reported, necessitating caution.

Mental health diagnoses across the sample were consistent with previous studies that identified Conduct Disorder and Attention Deficit Hyperactivity Disorder as the most frequently diagnosed mental health problem in adolescent sexual offenders. As hypothesised, diversity in antisocial behaviour was particularly evident, including violence, property damage, animal cruelty and fire-setting. Of further concern is the prevalence of self-harm, suicide ideation and previous suicide attempts among the sample.

The current sample had marked difficulties in the educational environment as hypothesised, with high levels of learning difficulties, language disorders, and below average intelligence and behavioural problems. Previous studies have consistently identified academic under-achievement and behavioural problems as being common among adolescent sex offenders groups (e.g., Kenny et al., 2000; van Wijk et al., 2005).

Social problems were highly prevalent in the current sample with poor peer relationships and the lack of an identified peer group for many. Existing research has identified that adolescent sex offenders tend to experience poor social skills, conflict in intimate relationships, over-identification with young children, and high degrees of social isolation including victimisation by school bullies (Hunter & Chaffin, 2005; Kenny et al., 2001; van Wijk et al., 2005).

There are a number of limitations to the present study. Firstly, the present study was descriptive only and as such, associative relationships cannot be inferred from the results. Secondly, the sample size was small. As case files were selected based on the presence of sufficient information and documentation, the results may reflect the characteristics of the most severe cases of adolescents with sexually abusive behaviours referred to CYFOS.

Coding in this study was dependent upon the availability of information hence, it was likely that the frequencies of some characteristics were underestimated as it was not possible to obtain all documentation relevant to each case. This may have resulted in the divergence of the present study results from those of previous studies in relation to cognitive distortions and sexual offending (Kenny et al., 2000). Further, this study included only two female participants limiting generalizability to females.

While the study was limited in relation to sample size and research design, the similarity of findings between the current sample and previous research with adolescent sex offenders highlights potential implications for practitioners. Firstly, adolescents may engage in sexually abusive behaviour for several years prior to being referred to specialist service. Such a delay means that young people are not receiving timely interventions that may attenuate the potential for ongoing harm. Secondly, interventions should be diverse in focus, targeting a range of antisocial and disruptive behaviours, mental health concerns and broader psychosocial factors, in addition to targeting sexually abusive behaviours. Interventions that have targeted multiple systems and are broad in scope have presented as the most promising interventions with sexually abusive adolescents (e.g., Letourneau et al., 2009; Worling, Littlejohn, & Bookalam, 2010). Thirdly, victims were most likely to be family members or otherwise previously known to the adolescents. Interventions should focus on increasing families' and residences' capacity to maximise supervision and reduce opportunities for further sexually abusive behaviours.

Overall, this study revealed significant similarities between the current sample and other research detailing the characteristics of Australian, North American and European samples of adolescent sex offenders. Adolescents with sexual behaviour problems and sexually abusive behaviours are a heterogeneous group experiencing multiple personal, educational, and psychosocial challenges. Similarities between the factors found in the histories of the current sample of young people, many of who are not yet in the justice system, and previous samples of identified adolescent sex offenders, highlights the need for earlier identification and intervention.

References


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