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**A PROFILE OF YOUNG SEX OFFENDERS IN  
SOUTH AFRICA: A PILOT STUDY.**

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## ABSTRACT

In-depth interviews and psychometric tests were conducted with 20 young, South African male, hands-on sex offenders, between the ages of seven and 15 years. These offenders were referred by both the legal system and the welfare and health system. The data was gathered for the purpose of drawing up a descriptive profile of salient psychological and sociological characteristics of this population group, the patterns of offenses, the circumstances under which the offenses occurred and victims selected. Results showed that half the sample had committed prior sex offenses. The majority of young sex offenders had a history of consenting sexual interactions, had committed a non-sexual offense and engaged in a range of other antisocial behaviours. Half the sample reported a history of physical or sexual abuse (under-reporting of such victimization experiences was suspected). Typically, the young sex offender was sexually naive and had not received any suitable sex education. He was usually a scholar although his school attendance was often infrequent and he was likely to have failed one or more standards. His intelligence quotient was most likely to fall in or below the borderline range of functioning. He tended to be either socially isolated and socially anxious or alternatively reported having a number of friends and appeared to have adequate social skills. His home environment was typically characterized by overcrowding, alcohol abuse and domestic violence. A significant male relative of his was likely to have committed a criminal offense. In his community environment, he regularly witnessed violence and sexual activity. The sex offenses were usually carried out with a co-perpetrator in a variety of venues. The victim was usually known and younger (mean age = seven years) than the perpetrator (mean age = 12 years). The overall results suggest that young sex offenders commit an array of sexual offenses that do not represent sexual experimentation, but rather indicate a developing pattern of sexual deviance. Comparisons between the above profile and the literature findings are explored. Finally, recommendations for structural changes, assessment procedures, additional future research possibilities and guidelines for the development of appropriate treatment programmes are outlined.

## ACRONYMS

<b>CAYStOP</b>	Cape Young Sexual Offender Programme
<b>FGC</b>	Family Group Conferences
<b>NICRO</b>	National Institute for Crime Prevention and the Rehabilitation of Offenders

## TABLE OF CONTENTS

### PREFACE

### ACKNOWLEDGEMENTS

### ABSTRACT

### ACRONYMS

### TABLE OF CONTENTS

<b>CHAPTER 1: INTRODUCTION .....</b>	<b>1</b>
<b>1.1. BACKGROUND TO THE RESEARCH .....</b>	<b>1</b>
<b>1.2. DIVERSION AND THE YOUNG SEX OFFENDER .....</b>	<b>2</b>
<b>1.3. RESEARCH PROBLEM.....</b>	<b>3</b>
<b>CHAPTER 2: LITERATURE REVIEW.....</b>	<b>5</b>
<b>2.1. SEX PLAY, EXPERIMENTATION OR OFFENDING ?.....</b>	<b>5</b>
2.1.1. Introduction.....	5
2.1.2. Normal sexual development in infancy, childhood and adolescence.....	5
2.1.3. Definition of sexually abusive behaviour.....	8
<b>2.2. OFFENSE, VICTIM AND PERPETRATOR CHARACTERISTICS.....</b>	<b>10</b>
2.2.1. Introduction.....	10
2.2.2. Offense characteristics .....	11
2.2.2.1. Pattern of offenses .....	11
2.2.2.2. Level of coercion .....	12
2.2.2.3. Drug and alcohol use at the time of the offense .....	13
2.2.2.4. Denial, minimization, and the offenders' perceptions of the offense .....	13
2.2.3. Victim characteristics.....	14
2.2.4. Perpetrator characteristics.....	15
2.2.4.1. Demographic profiles.....	15
2.2.4.2. Poor family relationships.....	15
2.2.4.3. Childhood victimization experiences.....	18

2.2.4.3.1. Sexual abuse .....	18
2.2.4.3.1.1. From victim to perpetrator .....	19
2.2.4.3.1.2. Perpetrator risk factors .....	20
2.2.4.3.2. Non-sexual physical abuse .....	21
2.2.4.4. Social isolation and peer relationships .....	21
2.2.4.5. Sexual histories .....	23
2.2.4.6. Criminal histories .....	24
2.2.4.7. Academic and behavioural problems in schools .....	25
2.2.4.8. Psychiatric disorders .....	25
2.2.5. Heterogeneity of young sex offenders .....	26
2.2.6. Concluding comments .....	27
<b>CHAPTER 3: METHODOLOGY .....</b>	<b>29</b>
<b>3.1. CHARACTERISTICS OF THE SAMPLE .....</b>	<b>29</b>
<b>3.2. REFERRAL SOURCES .....</b>	<b>29</b>
<b>3.3. RECRUITMENT AND PROCEDURE .....</b>	<b>30</b>
<b>3.4. DATA GATHERING AND THE INTERVIEWING PROCEDURE .....</b>	<b>30</b>
<b>3.5. PSYCHOMETRIC INSTRUMENTS .....</b>	<b>32</b>
3.5.1. The Raven's Coloured Progressive Matrices Test .....	32
3.5.2. The Bender Visual Motor Gestalt Test .....	33
3.5.3. The Draw-A-Person Test .....	33
<b>3.6. DATA ANALYSIS .....</b>	<b>34</b>
<b>CHAPTER 4: RESULTS .....</b>	<b>35</b>
<b>4.1. DEMOGRAPHIC DATA .....</b>	<b>35</b>
<b>4.2. FAMILY ENVIRONMENT .....</b>	<b>36</b>
4.2.1. Place of residence .....	36
4.2.2. Substance abuse .....	37
4.2.3. Family criminal histories .....	37

<b>4.3. REFERRING SEXUAL OFFENSE .....</b>	<b>38</b>
4.3.1. Offense characteristic.....	38
4.3.2. Victim characteristic.....	39
4.3.3. Level of coercion.....	41
4.3.4. Denial, responsibility, and minimization.....	42
<b>4.4. OTHER SIGNIFICANT FINDINGS.....</b>	<b>43</b>
4.4.1. Victimization experiences.....	43
4.4.2. Sexual history.....	44
4.4.3. Prior sexual offenses.....	46
4.4.4. Prior non-sexual offense history.....	46
4.4.5. Behavioural problems.....	47
4.4.6. Peer relationships and social skills.....	47
4.4.7. Schooling.....	48
4.4.8. Intelligence classification.....	49
<b>4.5. SUMMARY.....</b>	<b>50</b>
<b>CHAPTER 5: DISCUSSION AND EVALUATION OF THIS STUDY.....</b>	<b>52</b>
<b>5.1. INTRODUCTION.....</b>	<b>52</b>
<b>5.2. PROFILE OF A YOUNG, SOUTH AFRICAN, MALE SEX OFFENDER.....</b>	<b>52</b>
<b>5.3. COMPARISONS BETWEEN THE CURRENT PILOT STUDY AND PREVIOUS RESEARCH</b>	<b>54</b>
5.3.1. Offenses characteristics.....	54
5.3.2. Victims selected.....	57
5.3.3. Perpetrator characteristics.....	58
5.3.3.1. Demographic profiles.....	58
5.3.3.2. Family background.....	58
5.3.3.3. Victimization experiences.....	59
5.3.3.4. Sexual histories.....	60
5.3.3.5. Social skills and peer relationships.....	60
5.3.3.6. Criminal histories.....	61
5.3.3.7. Academic achievement and intellectual functioning.....	61

<b>5.4. EVALUATION OF THIS STUDY .....</b>	<b>62</b>
5.4.1. Evaluation of the research methodology .....	62
5.4.2. Evaluation of the recruitment strategy .....	64
5.4.3. Value of this study .....	65
<b>CHAPTER 6: RECOMMENDATIONS AND CONCLUSION .....</b>	<b>66</b>
<b>6.1. RECOMMENDATIONS .....</b>	<b>66</b>
6.1.1. Structural and assessment recommendations .....	66
6.1.2. Suggested content for young sex offender treatment programmes .....	69
<b>6.2. CONCLUSION .....</b>	<b>71</b>
<b>REFERENCES .....</b>	<b>73</b>
<b>APPENDICES</b>	
<b>APPENDIX A: CLASSIFICATION GROUPS OF ADOLESCENT SEXUAL OFFENDERS .....</b>	<b>81</b>
<b>APPENDIX B: INTERVIEW SCHEDULE: SECTION 1 .....</b>	<b>83</b>
<b>APPENDIX C: INTERVIEW SCHEDULE: SECTION 2 .....</b>	<b>88</b>
<b>APPENDIX D: CONFIDENTIALITY FORM.....</b>	<b>93</b>
<b>APPENDIX E: SUMMARY TABLE OF RESULTS .....</b>	<b>94</b>
<b>APPENDIX F: SELECTION OF PROJECTIVE DRAWINGS .....</b>	<b>101</b>
<b>APPENDIX G: PARTICIPANTS TEST RESULTS.....</b>	<b>106</b>
<b>APPENDIX H: TEST RAW SCORES .....</b>	<b>107</b>
<b>TABLES AND FIGURES</b>	
<b>FIGURE 1. AGE OF PERPETRATOR AT TIME OF REFERRING OFFENSE .....</b>	<b>35</b>
<b>TABLE 1. BREAKDOWN OF THE YOUNG SEX OFFENDERS LIVING ARRANGEMENTS .....</b>	<b>36</b>
<b>FIGURE 2. SEXUAL BEHAVIOURS OF THE YOUNG SEX OFFENDERS .....</b>	<b>38</b>
<b>FIGURE 3. AGE OF VICTIMS OF THE YOUNG SEX OFFENDERS .....</b>	<b>40</b>
<b>FIGURE 4. RELATIONSHIP BETWEEN THE YOUNG SEX OFFENDER AND THEIR VICTIMS.....</b>	<b>41</b>
<b>FIGURE 5. CLASSIFICATION OF THE YOUNG SEX OFFENDERS INTELLIGENCE.....</b>	<b>49</b>
<b>TABLE 2. PROFILE OF THE YOUNG SOUTH AFRICAN MALE-SEX OFFENDER.....</b>	<b>51</b>

## **CHAPTER 1: INTRODUCTION**

### **1.1. Background to the research**

While the nature and possible causes of sex offenses have long been a central theme in investigative and forensic psychology, it is only recently that attention has been directed towards the problem of sex offenses committed by children and adolescents. Research has shown that approximately 50 percent of adult sex offenders report first committing a sex-related crime as adolescents (Becker, Cunningham-Rathner, & Kaplan, 1986; Davis, & Leitenberg, 1987). More specifically, Abel, Mittelman, & Becker (1984) report that the rounded-up average number of victims for a sex offender under the age of 18 is seven whereas the average number of victims for an adult dramatically increases to an average of 380 (in Knopp, 1985). Thus, sex offending behaviour in children might serve as early indicators of patterns of deviant sexual behaviour in later life. Groth & Loreda (1981) argue that to dismiss and minimize these early indicators is to lose out on an opportunity where the individual might be more accessible and responsive to interventions than when the deviant cycle has already been well-established. The goal of early intervention in aiming to prevent recidivism can only be achieved if young offenders are identified, assessed and placed into appropriate treatment programmes.

In South Africa, the need for research in this field is particularly salient. Cases involving young people committing sexual offenses have increasingly come to the attention of both the legal system and the welfare and health system in South Africa. Approximately two to three cases per month are referred to The Red Cross Child and Family Unit in Cape Town (Meys, 1998). The courts are dealing with an increasing number of cases involving young sex offenders. In particular, there have been numerous cases of charges laid against children under the age of 13 years for a wide range of sexual offenses (Fleischack, personal communication, 1997). Furthermore, the judicial system is coming to rely upon the involvement of psychologists, social workers and psychiatrists in the diversion and/or sentencing of young sex offenders, making research in this area a priority.

## **1.2. Diversion and the young sex offender**

South Africa is currently in the process of drafting appropriate legislation to deal with children who commit offenses. Central to this process has been the need to transform its previous retributive justice practices into practices governed by the principles of restorative justice (Muntingh, 1997).

Up until 1995, young offenders were punished by being whipped. Following the abolition of this practice, there was a 30 percent increase in the use of incarceration as a sentence for young people. This retributive system rarely offered any form of rehabilitation or education as to the wrongful nature of the child's behaviour. As a result, these practices rarely prevent re-offending (Shapiro, 1997). Diversion programmes, on the other hand, have been seen to provide more humane, effective and suitable options for prosecutors to channel young offenders away from the formal criminal justice system.

The main aims of diversion include: (a) to make offenders responsible and accountable for their actions; (b) to provide an opportunity for reparation; (c) to identify what motivates the offending behaviour; (d) to prevent unnecessary criminal labeling of first time or petty offenders; (e) to provide educative and rehabilitative programmes and (f) to lessen the criminal justice systems case-load (Muntingh, 1997:8).

NICRO has been at the forefront of developing a range of diversion options for adolescent offenders. The institute currently offers five diversion options, namely: Youth Empowerment Scheme; Pre-Trial Community Service; Victim Offender Mediation; Family Group Conferencing and The Journey. These are well described in L. M. Muntingh & R. J. Shapiro's (Eds.) (1997) document, "NICRO diversions: An introduction to diversion from the criminal justice system." These diversion programmes are geared towards young offenders exhibiting a wide range of 'less serious' criminal offenses, such as shoplifting, theft and vandalism. Since 1997 there has been a drive to see the extension of the current diversion programme options to young sexual offenders (Fleischack, 1997).

At present, in cases where charges are laid against children under the age of 14 for committing a sex-related offense, it appears that prosecutors tend to recommend that the cases be withdrawn on the grounds of the young age of the accused and the lack of medical evidence to substantiate the claims of the victims (e.g. the lack of semen inside the victim's vagina). The Attorney General's Office, however, argued that due to the serious nature of the charges, some effort should be made to ensure that the accused take responsibility for their actions (Family Group Conference Unpublished Reports, 1997). As a result, since 1997, the Deputy Attorney General has been developing a diversion option along the grounds of the FGC to deal with such cases.

Realizing that young sex offending is a uniquely complicated offense and that a generic diversion programme would not address the specificity of this crime, a working group, CAYStOP, has been formed to devise an appropriate diversion option. However, in order to establish an appropriate diversion programme for the South African context, descriptive information on which children are committing sexual offenses against other children and why they are carrying out such offenses is urgently needed (Feroza Bray, personal communication, 1998). To date, one such study has been conducted on a South African population (Westaway, 1996). The present study aims to address this situation with particular attention to establishing a basic *profile* (see below) of a South African sample of young sex offenders.

### **1.3. Research problem**

As indicated above, the aim of the research is to obtain a profile of young sex offenders. For the purposes of this research, a 'profile' is defined as a descriptive representation of salient psychological and sociological characteristics that are found to occur as common themes within a specific sample (Canter, & Welman, personal communication, 1997). In other words, the research aims to yield reliable and valid data about the kind of young person in the contemporary South African situation that is likely to commit a sex offense.

Finally, it is important to state that considering the under-researched nature of this population of sex offenders, this research is a pilot study that aims to highlight the extent of the problem in South Africa, encourage the development of appropriate management of such offenders and, most importantly, promote further research into this field.

## **CHAPTER 2: LITERATURE REVIEW**

### **2.1. SEX PLAY, EXPERIMENTATION OR OFFENDING ?**

#### **2.1.1. Introduction**

Both professionals and the broader community tend to resist the idea that young people can engage in sexually exploitative behaviour. Their behaviour is often dismissed as 'sex play', 'sexual experimentation', or diagnosed as 'adolescent adjustment reaction' (Ryan, Lane, Davis, & Isaac, 1987). Westaway (1996) highlights how in the South African context the young age of the offender on one hand and the over-extension of both the justice and health systems on the other hand, offenders' behaviour is often dismissed without a thorough assessment of the likelihood that the offender will re-offend. A large degree of this opposition to label children as sex offenders stems from ignorance around children's normal psychosexual development (Ryan, Metzner, & Krugman, 1990; Vizard, Monck, & Misch, 1995). Therefore, central to improving the identification, assessment and subsequent treatment and dealing with young sex offenders in an accountable manner, is the need for agreed upon definition and/or guidelines that distinguish sexually abusive behaviour from 'normal childhood sex play'.

#### **2.1.2. Normal sexual development in infancy, childhood and adolescence**

Boys as young as six months and girls as young as 10 months have been observed to engage in autoerotic behaviours such as genital play, rhythmic rocking and masturbation to 'orgasmic-like' states (Bentovim & Vizard, 1988; Friedrich, Grambsch, Broughton, Kuiper, & Beilke, 1991; Martinson, 1991; Satterfield, 1975). Masturbation is a common experience in a child's sexual development and Spitz & Wolf (1946) reported that the presence of genital play could be taken as an indicator that the relationship between mother and infant was optimal (in Martinson, 1991).

Between the ages of two to five years, children start establishing their sense of gender identity. They become increasingly interested in their and others' genitals. During this period genital play, undressing, discussing bodily functions and inquiring about sex are all common. Children during this phase of development often expose their bodies to others and engage in sexual exploration games with each other (Bentovim & Vizard, 1988; Burton, Nesmith, & Badten, 1997; Friedrich et al., 1991; Satterfield, 1975). Up until the age of eight, however, this play is more social than sexual (Moll (1913) in Martinson, 1991). Constantine and Martinson (1991) report that when young children do engage in sex play they prefer to carry out this activity with their peers than with people older than them (in Martinson, 1991). As a result, non-coercive peer sex play has become regarded as a common part of the child's normal psychosocial development.

In an attempt to determine normative sexual behaviour in children, Friedrich et al. (1991), carried out a large-scale, community-based survey of two to 12 year olds. Their study excluded any children with a history of sexual abuse, or mental or physical handicap. They found that the children exhibited a wide variety of sexual behaviours at relatively high frequencies. However, they also found that it was extremely unusual for children to exhibit aggressive sexual behaviour and behaviour more imitative of adult sexual behaviour. For example, less than one percent of their sample was reported to insert objects into the vagina or anus, ask a partner to engage in sex acts or engage in oral-genital sex. Friedrich et al. (1991) also observed a decline in children's (both boys and girls) overt sexual behaviour as they got older. A further finding was that increased sexualized behaviour is related to behavioural problems and family nudity (Friedrich et al., 1991).

A second study was carried out (Friedrich et al., 1992) that compared the initial study with a sample of sexually abused children. It found that sexually abused children exhibited a greater range of sexual behaviour than children who had not been abused. For example, just over 10 percent of the sexually abused children had inserted objects into the vagina or anus and had asked partners to engage in sex acts and eight percent of the sample had engaged in oral-genital sex. In a study carried out by Friedrich, Beilke, & Urquiza (1988)

parents of sexually abused boys, between the ages of three and eight years, rated their sons as masturbating too often. In addition, they reported that their sons were preoccupied with sex, in that they would watch their mothers undress, look at pornographic material, and re-enact their abuse with other children. In addition to a prior history of sexual victimization, Friedrich et al. (1991) also found that family nudity, relaxed television and magazine viewing standards, family disorganization and witnessing sexual intercourse could influence the type of sexual behaviour exhibited by children.

No known large-scale study has been carried out to determine the normative sexual behaviour of children in South Africa. However, with the high rates of child sexual abuse in this country and the fact that children regularly witness sexual behaviour in the home or in the broader community due to the lack of privacy in overcrowded houses (Marshall & Herman, 1998), one can only hypothesize that this might have an effect on their sexual development. However, from the above review, it is apparent that unless eroticized by an older person, most children's sexual behaviour is more exploratory than orgasm-orientated (Martinson, 1991). Furthermore, as Vizard et al. (1995) ask with children so rarely displaying sexually aggressive behaviour, why has there been such a reluctance to categorize it as abnormal and abusive? It is this resistance that has prevented the carrying out of thorough investigations and subsequent provision of appropriate interventions for both the young sex offenders and their victims who may later abuse other children (Beck-Sander, 1995; Ellis, Piersma, & Grayson, 1990; Lane, 1991a; Ryan, 1989; Ryan & Lane, 1991).

During the latency period and early adolescence, children start developing closer relationships with peers of the opposite sex. These interactions may not be characterized by overt sexual behaviour. It is through these interactions that children learn essential socialization skills and start to experiment sexually. Sexual encounters initially involve genital autostimulation and mutual masturbation with the same and opposite sex (Martinson, 1991; Satterfield, 1975). Kinsley's (1948) study found that one boy in every four or five had tried to have sexual intercourse with a female by age 12 (in Martinson,

1991). However, for preadolescent boys, masturbation is much more common. The peer group provides an important role in informing (and misinforming) each other. From mid-adolescence, young people generally become involved in heterosexual relationships. In these relationships, couples engage in sex play that usually develops along a fairly predictable continuum from dating, kissing and touching over clothes through sexual petting to full sexual intercourse (Satterfield, 1975; Smith & Udry, 1985 in Vizard et al., 1995).

### **2.1.3. Definition of sexually abusive behaviour**

In order to determine whether a certain type of sexual behaviour is abusive or not, Groth & Loredó (1981) argue that it involves more than just determining whether the sexual activity is consistent with the child's developmental level.

With adult-child sexual interactions, definitions of sexually abusive interactions have focused on issues of informed consent and the level of coercion involved. These are often easier to judge in such interactions, as one only needs to establish whether the child is developmentally mature enough to fully comprehend the behaviours they are being requested to engage in and, thus, give informed consent. An age differential of at least five years has often been used to determine this. Thus, definitions of child sex abuse by adults, have relied on age differentials and type of behaviour engaged in to determine whether the sexual behaviour is abusive or not (Ryan, 1991a; Watkins & Bentovim, 1992; Williams & New, 1996).

However, with the increased acknowledgment that young children can also offend, researchers have noted that as the age of the offender drops, the age difference between the perpetrator and the victim tends to become smaller (Ryan, 1991a; Ryan et al., 1990). In addition to the age difference being less significant, Groth & Loredó (1981) argue that the behaviour can be less intrusive and aggressive while still being abusive. As a result,

Johnson (1988, 1989) has proposed that in cases of young perpetrators an age differential of only two years is used. Ryan (1991a) agrees that it is important to assess the age relationship between the perpetrator and the victim but objects to an age differential being used as a defining criterion. She feels that it obscures subtle imbalances of power and control that may be present in similar aged child sexual interactions. Ryan (1991a) goes on to argue that when evaluating whether a child or adolescent's sexual behaviour is exploitative or not, it is essential to assess whether the interaction occurred with or without *coercion* and whether it took place in the context of an *equal* and *consensual* relationship. In order to accomplish this, the situation requires a more detailed assessment in which the relationship between the two young people and the dynamics of the interaction are thoroughly evaluated.

Ryan et al. (1990) argue that in order to assess the first factor, equality, one needs to judge whether there is a balance of power and control in the relationship or alternatively does one of the children wield more power. They highlight that there may be an obvious difference, such as age, authority and size. Alternatively, the power difference may be more subtle, such as those determined by the child's perception of the other person, for example, smarter, bully, and/or loved one (Ryan et al., 1990). The second factor, consent, is defined as having the following elements: "understanding what is being proposed; knowledge of societal standards for what is being proposed; awareness of potential consequences; and assumption that either agreement or disagreement will be respected" (Ryan et al., 1990:260). They state emphatically that neither co-operation nor compliance is equivalent to consent. Finally, the third factor, coercion, refers to the "pressures that deny free choice" (Ryan, 1991a:5). The presence of any form of coercion, that includes a wide range of behaviours from subtle bribes and threat to actual physical force, injury and/or the use of weapons, excludes mutual consent (Ryan et al., 1990; see Ryan 1991a for detailed discussion of: consent, equality and coercion). Using the above three characteristics of the relationship, Ryan (1991a:3) broadly defines a young sex offender as "a minor who commits any sexual act with a person of any age, (1) against the victim's will, (2) without consent, or (3) in an aggressive, exploitative, or threatening manner".

While Ryan (1991a) offers an extremely useful definition for classifying somebody as a young sex offender, it can be criticized as being exceptionally broad in that it implies that all sex offending behaviour forms a unitary class of behaviour. As a result, for research and legal purposes, it is often beneficial to sub-classify Ryan's (1991a) definition according to the type of behaviour engaged in by the young sex offender. Monastersky & Smith (1985) suggest the following sexual offense continuum for this purpose: (1) non-aggressive hands-off behaviours, including exposure, voyeurism, masturbating with women's underwear and obscene phone calls and letters, (2) aggressive hands-off behaviours, including all the above activities where steps are taken to increase victim's proximity, such as breaking and entering with the intention of stealing underwear, (3) non-aggressive hands-on behaviours, including fondling, oral-genital contact and penetration where the offender uses their authority to gain access to the victim and (4) aggressive hands-on behaviours, including the previous activities where the offender uses (or threaten to) force and/or weapons and/or do not stop if the victim expresses distress.

## **2.2. OFFENSE, VICTIM AND PERPETRATOR CHARACTERISTICS**

### **2.2.1. Introduction**

Following from the above exploration of what distinguishes sexually abusive behaviour from 'normal childhood sex play', the second major component of this review will focus on the literature written about sex offenses committed by young sex offenders. While it is only partly acknowledged that adolescents can sexually victimize other children, researchers have highlighted that even younger perpetrators, including pre-adolescent, latency aged and pre-school children, exist (Cantwell, 1988; Johnson, 1988; Lane, 1991b; Ryan et al., 1990). The subsequent review will focus on the literature written about both adolescent and child sex offenders. The review, however, will not include information about female sex offenders (see Fehrenbach, Smith, Monastersky, & Deisher, 1986; Johnson, 1989; Lane, 1991b for more information about this group of sex offenders).

A difficulty in reviewing the literature on young sex offenders is that the different studies are seldom completely comparable. Researchers use different definitions to define their sample population. Furthermore, the methods of data collection and analysis often differ considerably. Where possible these differences will be highlighted. Initially, however, a few defining terms shall be briefly outlined. Johnson's (1988:220) term "child perpetrators" refer to "preadolescent, latency-aged and preschool children who sexually victimize children younger than themselves". A few studies (Awad & Saunders, 1989, 1991; Deisher, Wenet, Paperny, Clark, & Fehrenbach, 1982; Groth, 1977) have compared adolescent sexual assaulters with adolescent child molesters. In these studies, an adolescent child molester refers to someone who has committed a sexual offense with a victim four or more years younger than themselves. An adolescent sexual assaulter, on the other hand, refers to someone who has committed a sexual offense that involved physical contact with a victim where the age difference between the perpetrator and the victim was less than four years.

The second component of this review shall be divided into the following three sections: offenses characteristics, victim characteristics and perpetrator characteristics.

### **2.2.2. Offense characteristics**

#### **2.2.2.1. Pattern of offenses**

Studies of adolescent sex offenders have found that their patterns of abusive behaviour are similar to those exhibited by adult sex offenders (Ageton, 1983; Becker et al., 1986; Fehrenbach et al., 1986; Ryan et al., 1996). Johnson (1988) reports that child perpetrators commit the same abusive behaviours as adolescents. Researchers have found that if one distinguishes between the classes of sex offending behaviours<sup>1</sup> engaged in by adolescents, such offenders can commonly be found to engage in more than one of these patterns of

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<sup>1</sup> Using a classification system similar to Monastersky & Smith's (1985) sexual offense continuum outlined in chapter-two.

behaviours (Abel, Mittelman, & Becker, 1984 in Knopp, 1985; Longo and McFadin, 1981; Ryan et al, 1996). The different patterns of sexually abusive behaviours may be engaged in simultaneously (Ryan et al, 1996). Alternatively, their history may show a developmental progression from non-aggressive hands-off behaviour to aggressive hands-on behaviour (Longo and McFadin, 1981; Ryan et al, 1996). Many of the sex offenders in Longo & McFadin's (1981) study reported that the progression to hands-on behaviour was motivated by a desire for greater stimulation and satisfaction.

Awad & Saunders (1989) and Groth (1977) found that young sex offenders tend to operate on their own. Vinogradov, Dishotsky, Doty, & Tinklenberg (1988), on the other hand, found that thirty percent of the adolescent rapists in their sample assaulted the victim with one or more co-perpetrators. Davis & Leitenberg's (1987) review of the literature on adolescent sex offenders suggests that adolescents appear to engage in group-rape incidents more than adult males.

Studies have found that the sexual offenses were carried out in either the offender's or the victim's place of residence (Ageton, 1983; De Jong, 1989; Groth, 1977; Vinogradov et al., 1988) and a few were carried out in motor vehicles (Ageton, 1983). The sexual assaults were generally not reported to be premeditated (Ageton, 1983; Vinogradov et al., 1988). Van Ness (1984) found that 90 percent of her sample reported having had a fight or argument prior to committing their rapes. Ryan et al. (1996) found that in just under half their sample a 'trigger' situation, such as anger, boredom or family problems, could be identified.

#### **2.2.2.2. Level of coercion**

On the whole, studies have shown that the majority of perpetrators tend to rely on verbal threats or bribes to coerce the victim into sexual acts (Ageton, 1983; Becker et al., 1986; Deisher et al., 1982; Fehrenbach et al., 1986; Ryan et al., 1996; Vizard et al., 1995). Direct physical force or weapons are rarely used. When used, the sexual assault is more

likely to be carried out by an adolescent against a peer or adult or stranger (Awad & Saunders, 1991; Becker et al., 1986; Deisher et al., 1982; Fehrenbach et al., 1986; Groth, 1977; Johnson, 1988). This is probably related to the greater likelihood of the victim resisting. Fehrenbach et al. (1986) found that 22 percent of the victims (n=173) stated that their perpetrator had continued despite their expression of hurt or fear.

#### **2.2.2.3. Drug and alcohol use at the time of the offense**

Davis & Leitenberg's (1987) review found that adolescent sex offenders were rarely intoxicated while carrying out their sexually abusive behaviour. A few studies (Ageton, 1983; Vinogradov et al., 1988), however, have shown that adolescents have used alcohol and/or drugs prior to the sexual attack. None of the perpetrators in these studies considered their intoxication as being instrumental in causing the assault. Adolescent child molesters have been found to be less likely than adolescent sexual assaulters to be under the influence of alcohol and/or drugs while committing a sexual offense (Awad & Saunders, 1989, 1991; Fehrenbach et al., 1986; Groth, 1977).

#### **2.2.2.4. Denial, minimization, and the offenders' perceptions of the offense**

Researchers and professionals working with young sex offenders often report difficulty in establishing detailed, accurate information around the referral and previous sexual offenses (Awad & Saunders, 1989; French, 1988; Shoor, Speed, & Bartelt, 1966; Steen, 1994). Obviously, lying about the sexual offense can be seen as an attempt to avoid any legal repercussions from their actions. However, even after conviction, young sex offenders appear to be reluctant to speak about their offenses. French (1988) and Steen (1994) argue that the sex offender's denial and distortion of reality protects them from acknowledging perverted and disturbing aspects about themselves. Common denial and minimizing strategies include: (1) denying that the offense ever happened; (2) partial accounts of the offense with significant information about the type, duration, level of coercion and frequency of the offense excluded; (3) denying any previous offenses; (4)

minimizing the meaning of the assault and (5) denying responsibility by insisting that the victim initiated the behaviour (Awad & Saunders, 1989; French, 1988; Steen, 1994). Katz's (1990) assessment of adolescent child molesters' reasoning style found that they tended to attribute their behaviour to factors beyond their control. He proposed that this external attribution style aided the offenders' avoidance of taking responsibility for their unacceptable behaviour.

Ryan et al. (1996) found that one third of young sex offenders blamed their victim for the sexual assault, 12 percent blamed their co-participants and just under two thirds blamed themselves. Ageton (1983) found that most of the perpetrators in their sample attributed the sexual assault to either their sexual excitement and/or the victim's appearance (Ageton, 1983). The majority of the adolescent rapists in the Vinogradov et al. (1988) sample, on the other hand, reported that the victim had not provoked the rape in any way nor was she perceived to be more sexy than other women. These statements support Groth's (1977) understanding of the assaults as a sexual expression of anger and/or power.

### **2.2.3. Victim characteristics**

The literature highlights that adolescent and child sex offenders select both male and female victims (Awad & Saunders, 1989; Davis & Leitenberg, 1987; Deisher et al., 1982). Davis & Leitenberg (1987) found that two thirds of the victims were younger than their perpetrators. Most of the victims are known to their perpetrator. They are usually relatives, girlfriends or acquaintances of the offender (Ageton, 1983; Davis & Leitenberg, 1987; De Jong, 1989; Fehrenbach et al., 1986; Johnson, 1988). Strangers were seldom selected. If they were selected, the adolescent perpetrator tended to fall within the older cohort of the sample and/or the rape would occur while the perpetrator was committing another crime, such as house breaking with the intent of stealing (Ageton, 1983; Vinogradov et al., 1988). Johnson (1988) found that child perpetrators were more likely than adolescent sex offenders to select siblings and extended family members. She

attributed this finding to the younger children's limited access to other potential victims. A few studies have found that adolescent child molesters, as opposed to adolescent sexual assaulters, were more likely to be acquainted with their victim, repeatedly assaulted the same victim or had a history of repeat offenses with more than one victim. The adolescent child molesters were also more likely to select a male victims (Awad & Saunders, 1989, 1991; Groth, 1977).

#### **2.2.4. Perpetrator characteristics**

A review of literature suggests that while young sex offenders do not constitute a homogeneous sociodemographic group, the following factors seem to be common variables in this population.

##### **2.2.4.1. Demographic profiles**

Johnson's (1988) study of child perpetrators found that the mean age of the children at the time of perpetration was eight years, nine months. The ages of the 47 boys in this study ranged between four and 13 years. A study of 1 600 American sexually abusive youths between the ages of five and 21 years, on the other hand, found that the modal age of these young sex offenders was 14 years (Ryan et al., 1996). Longo (1982) found that while the age of onset of the sexually abusive behaviour was 14 years, the first conviction usually only came three years later.

##### **2.2.4.2. Poor family relationships**

The family has long been recognized as having a crucial role in shaping the beliefs and behavioural patterns of its children. Thus, it is not surprising that theorists have examined the family environments of young sex offenders in an attempt to understand the role they play in the development of the offending behaviour. Ryan (1991b) distinguishes between six types of families that one encounters when assessing the young sex offenders. In *the*

*exploitative family*, the parents can be observed to use their children to meet their own needs. In addition, they often have unrealistic expectations of their children. *The rigid/enmeshed family* presents as very closed and is characterized by a lack of boundaries and appropriate role definition within the family. This appears to be motivated by extreme insecurity and co-dependency. *The chaotic/disengaged family* appears to be living in constant crisis and dysfunction. Parents often provide inappropriate supervision and modeling for their children due to their own immaturity and limited life skills. There appears to be a lack of deep affectional attachment between family members. *The 'perfect' family* presents with a veneer of faultlessness that denies disharmony in the family. Parents in these families have often survived an extremely traumatic childhood in dysfunctional families. Finally, *the previously adequate family* categorizes those families where the adequate functioning of the family has been disrupted due part of the family merging with another family as a result of either adoption or re-marriage. As a result of the change in family dynamics, intense emotions are sexually acted-out (see Ryan, 1991b for more details about these six types of families).

Research has found that the majority of the young sex offenders do not reside with both natural parents at the time of their offense (Awad & Saunders, 1989, 1991; Becker et al., 1986; Burton et al., 1997; Johnson, 1988; Ryan, 1991b; Ryan et al., 1996). While most of the offenders are not found to be living with both their biological parents, they do still tend to be under the supervision of two caregivers. These two caregivers usually consists of a combination of one of their biological parents who is involved with either a foster, adoptive or step-parent (Awad & Saunders, 1989; Burton et al., 1997; Ryan et al., 1996; Smith & Israel, 1987). The families of young sex offenders are characterized by a high incidence of parental divorce and separation (Ageton, 1983; Awad & Saunders, 1991).

Ryan (1988) reports that clinicians rated 86 percent of the young sex offenders as coming from "below average", "inappropriate", or "dysfunctional families" (in Ryan, 1991b:144). The following dysfunctional family features are frequently reported in the case histories of young sex offenders: violence between the parents and violence towards the children in

the family (Ryan, 1991b; Van Ness, 1984); sexual abuse of the children (discussed in detail below) and parents, usually the mother, had often been a victim of physical or sexual abuse in their childhood (Burton et al., 1997; Johnson, 1988; Kaplan et al., 1987 in Ryan 1991b; Smith & Israel, 1987; Williams & New, 1996). It has been argued that the high incidence of physical and sexual abuse within the home creates the pairing of intimacy and aggression (Ryan, 1991b).

In general the homes of young sex offenders are reported not to provide the child with a normative sexual climate. Role reversal and distorted attachments are often reported (Monastersky and Smith; 1995; Ryan, 1991b). Furthermore, children are often exposed to pornographic material (Ryan, 1991b). Smith & Israel (1987) studied the family dynamics of 25 sibling incest perpetrators. They found that the perpetrators had often observed sexual activity between their parents and/or their fathers had initiated them into abusing their sibling. In this way, they argued that the parents stimulated a sexual climate within the home.

Further characteristics seen in the families of young sex offenders include: overprotective and domineering mothers, combined with passive, indifferent fathers who lack authority within the home (Shoor et al., 1966); absent fathers (Smith & Israel, 1987); poor relationships between fathers and sons (O'Brien, 1985); family not emotionally supportive (Ryan, 1991b; Smith & Israel, 1987); lack of appropriate affect (Ryan, 1991b); feeling of being rejected by the family (Williams & New, 1996); parental psychiatric disorder (Awad & Saunders, 1991); history of disruption of care and function (Ryan, 1991b; Williams & New, 1996); family secrets (Ryan, 1991b; Smith & Israel, 1987); and extended periods of unemployment (Ageton, 1983).

A history of drug and/or alcohol abuse is also commonly reported in one or both parents of young sex offenders (Awad & Saunders, 1991; Burton et al., 1997; Johnson, 1988; Ryan, 1991b). Awad & Saunders (1991) found that 26 percent of the parents, step-parents and/or siblings of the adolescent sexual assaulters had a criminal history.

In order to investigate whether adolescent sex offenders are unique and distinct from other adolescents, Blaske, Borduin, Henggeler, & Mann (1989) compared father-absent adolescents from three groups of offenders, namely adolescent sex offenders; violent offenders and non-violent offenders, with a normative sample of adolescents. They found that the adolescent sex offenders' family relations and behavioural functioning approximated the 'normal' adolescents more closely than did those of the other offender group. Bischof, Stith, & Whitney (1995) compared the family environments in the same four groups mentioned above. They found that while all three groups of adolescent offenders' perceptions of several aspects of their family environment differed significantly from 'normal' adolescents, there were no significant differences between the three categories of adolescent offenders. Compared to the 'normal' adolescents, the adolescent offenders perceived their families to be considerably less cohesive and less expressive. In addition, they felt that there was a lower level of independence among family members.

#### **2.2.4.3. Childhood victimization experiences**

##### **2.2.4.3.1. Sexual abuse**

Researchers have commonly reported that young sex offenders have a history of being victims of sexual abuse (Awad & Saunders, 1989; Brannon, Larson, & Doggett, 1989; Burton et al., 1997; Deisher et al., 1982; Friedrich et al., 1988; Johnson, 1988; Longo, 1982; Ryan, 1989; Ryan 1991b; Watkins & Bentovim, 1992). However, in reviewing the research literature on child and adolescent sex abuse perpetrators, rates of sexual victimization in the young sex offender's history can be found to vary from between 20 and 70 percent (Vizard et al., 1995; Watkins & Bentovim, 1992).

Comparison studies have found that adolescent sex offenders reported higher rates of sexual victimization in childhood than non-offending adolescents (Brannon et al., 1989; Longo, 1982). Seghorn, Prentky, & Boucher's (1985) study of sexual abuse in

incarcerated adult rapists and child molesters, found that the child molesters reported a higher incidence of past sexual victimization. This finding was confirmed by Awad & Saunders' (1989, 1991) studies of adolescent sex assaulters and child molesters.

Johnson's (1988) study of child perpetrators found that the children who began perpetrating at a younger age were more likely to have been victims of sexual abuse. Most of the young sex offenders were abused by a person who is well-known to them, such as, their fathers, other relatives, neighbours or baby sitters (Brannon et al., 1989; Burton et al., 1997; Johnson, 1988). Burton et al. (1997) found that while 44 percent of the young sex offenders were sexually abused by their fathers or a father figure, as many as 16 percent of the boys were abused by their mothers or a mother figure. The sexual victimization is usually carried out subtly without overt physical or verbal coercion (Brannon et al., 1989).

#### **2.2.4.3.1.1. From victim to perpetrator**

Childhood sexual abuse appears to be a risk factor in some children later becoming sexually abusive towards other children. Watkins & Bentovim (1992) noted that boys, on the whole, responded differently to their experience of sexual abuse than girls. It was observed that girls tended to internalize their experience, whereas boys appeared to be more prone to externalize or act-out their experience. The literature stresses that young children learn how to abuse other children by modeling their behaviour on their own victimization experience (Ryan, 1989; Cantwell, 1988). While more research is needed to explain why boys tend to externalize more than girls (Finkelhor, 1986 in Watkins & Bentovim, 1992 proposes some explanation), the literature has begun to explain the dynamics behind this sexual acting-out.

It has been argued that boys who act-out are attempting to master the powerlessness and helplessness they felt while being sexually victimized. This process has been referred to by many as 'identification with the aggressor' (Hodges, Lanyado, & Andreou, 1994;

Lanyado, Hodge, Bentovim, Andreou, & Williams, 1995; Longo, 1982; Ryan, 1989; Ryan et al., 1987).

Investigations have revealed that the reinforcing nature of the sexual behaviours that the young victims (turned young perpetrators) engage in, to attempt to regain control lost in their own victimization experiences, result in the young sex offender becoming caught in a repetitive cycle of abuse (Brannon et al., 1989; Ellis et al., 1990; Lanyado et al., 1995; Ryan et al., 1987). Lane (1985) highlights how “the thrill of secrecy...fantasizing, planning and stalking; the addictive qualities...and thinking errors that rationalize behaviour” all reinforce the cycle of abuse (in Ryan et al., 1987:387). Furthermore, sexual arousal and satisfaction also behaviourally reinforce the abusive behaviour. Ryan et al. (1987) argues that the progression seen in many adolescents from hands-off to hands-on behaviours reflects the reinforcing nature of sex offending. Ryan (1989) argues that the sense of power and control a young sex offender feels through identifying with the aggressor, results in any situation that evokes feelings of helplessness, acting as a trigger for engaging in sexually abusive behaviours.

Ryan and her colleagues propose the ‘Sexual abuse cycle’ as a means of understanding and treating young sex offenders (see Lane, 1991a; Ryan, 1989; Ryan et al., 1987; Ryan & Lane, 1991 for more details). DiGiorgio-Miller (1994) have found that an essential part of treatment is to contain and acknowledge the young sex offenders' feelings of victimization. They argue that in breaking through their defenses of denial of their own vulnerability, the therapist can begin working on developing feelings of empathy for the victim.

#### **2.2.4.3.1.2. Perpetrator risk factors**

Not all children who are sexually abused go on to abuse other children. Watkins & Bentovim (1992) put forward the following cumulative index of perpetrator risk following child sex abuse, based on sexualization and externalization. They found that there was a higher likelihood of a child sexually acting-out if: (1) their abuser was male, a close

relative and/or multiple perpetrators were involved; (2) the abuse was repeated over a longer duration; and (3) the child was younger than eight when the abuse occurred.

However, as stated above, not all young sex offenders have been victims of sexual abuse. What factor(s) then are operative in young sex offenders that have not been sexually victimized ?

#### **2.2.4.3.2. Non-sexual physical abuse**

The high incidences of physical abuse reported in the histories of young sex offenders has lead researchers and professionals to propose this abuse as a possible risk factor that leads children to sexually abuse other children (Awad & Saunders, 1991; Johnson, 1988; Ryan, 1991b; Ryan et al., 1996; Williams & New, 1996). Descriptive studies have found that the perpetrators of this abusive behaviour are usually well-known to the young sex offender. Studies have shown that physical violence is more frequently reported in the histories of young sex offenders than sexual victimization (Awad & Saunders, 1991; Ryan et al., 1996). However, even more frequently reported in the background of young sex offenders is the witnessing of some form of family violence within the home (Ryan et al., 1996; Williams & New, 1996).

#### **2.2.4.4. Social isolation and peer relationships**

The literature regularly reports that adolescent child molesters typically have a long history of social isolation, low levels of emotional bonding with peers and high rates of social anxiety (Awad & Saunders, 1989, 1991; Blaske et al., 1989; Deisher et al., 1982; Fehrenbach et al., 1986; Groth, 1977; Shoor et al., 1966). Research carried out on samples of adolescents who sexual assault a peer or adult, have also found a history of social isolation. However, it seems that a history of social isolation appears to be more commonly reported by adolescent child molesters (Awad & Saunders, 1991; Deisher et al., 1982). Fehrenbach et al. (1986) found that the adolescent sex offenders who

committed rape, as opposed to those offenders who committed indecent liberties<sup>2</sup> or hands-off offenses, most frequently reported that they did not have close friends.

Katz (1990), using various measures of social competence and psychological adjustment, set out to empirically verify the assumption that social skill deficit and social isolation are risk factors that may predispose some adolescents to sexually molest children. He compared adolescent child molesters with non-sex offending delinquents and non-offending adolescents. His results showed that the adolescent child molesters were more globally socially and psychologically maladjusted than non-offending adolescents. The child molesters reported more problems with loneliness, depression, and low self-esteem. Furthermore, they described themselves as less assertive and indicated greater social anxiety. They reported feeling more self-conscious and held a more distorted, negative view of themselves. In addition, Katz' (1990) results revealed that the molesters were more socially anxious and threatened by hetero-social interactions than non-sex offending delinquents. This was the only measure where a notable difference was seen between the sex offending and non-sex offending delinquents.

Katz' (1990) study thus provided empirical evidence that low self-esteem, social isolation and poor social skills are a contributing factor that predispose some adolescents to sexually offend against other children. This finding has lead researchers to argue that the adolescent child molesters seek out younger children to meet sexual and emotional needs as they are perceived to be less threatening and more submissive than female peers (Deisher et al., 1982; Groth, 1977; Katz, 1990). He acknowledges that a social skills deficit is probably only one of many risk factors that may predispose an adolescent to sexually molest other younger children.

Ageton (1983), on the other hand, found that a distinguishing feature between sexual assault offenders and non-offenders was that the adolescent sex offenders had significantly

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<sup>2</sup> Unwanted sexual touching and fondling that does not include penetration.

higher exposure to delinquent peers. In addition, these peers strongly supported the adolescents' sexually aggressive behaviour.

#### **2.2.4.5. Sexual histories**

The literature reports that young sex offenders appear to have an increased number of sexual experiences in the years prior to the onset of puberty. As explored above, a number of these sexual experiences occur as a result of sexual victimizing. However, Deisher et al. (1982) and Longo (1982) also report that a number of these sexual encounters appear to be consensual. Longo (1982) found that over 60 percent of the adolescent sex offenders in his sample had engaged in consenting sexual experiences with males and/or females. Groth (1977) found that the referring sexual assault only accounted for 14 percent of his samples first sexual experience. Groth (1977) and Becker et al. (1986) use this finding to highlight the ignorance of professionals to label the young sex offender's behaviour as merely experimentation. Deisher et al. (1982) further argues that if adolescents have such access to consenting partners, professionals need to recognize that their offending behaviour is more an expression of anger and power as opposed to them meeting their sexual needs.

Longo (1982) found that the adolescent sex offenders' first learnt about sex at around nine and a half years; started masturbating at 11.9 years and engaging in sexual intercourse at 12.3 years. He reported that the age at which the adolescent sex offender first started these sexual behaviours did not differ significantly from non-sex offending adolescents. However, the nature of the behaviour was notably different. The adolescent sex offender often had consenting sex with older partners. On average, these partners were eight years older. In addition, the adolescent sex offender reported feeling inadequate and highly anxious. A large percent of the offenders experienced problems, such as impotence or premature ejaculation during consenting sexual encounters.

Ryan et al. (1996) explored the views that young sex offenders held about sex. They found that only one third saw sex as a means of showing love or caring for another person.

Approximately one quarter saw sex as a means of controlling and feeling powerful. Nine percent of the sample saw sex as a means of dissipating anger and eight percent saw it as a means of hurting, degrading or punishing another person. Ryan et al. (1996) found that one third of their sample thought that their sexual fantasies were deviant. Shoor et al. (1966), on the other hand, found that the adolescent child molester was sexually naive and that they had not received suitable sexual education. The primary sources of information concerning sexuality in Becker et al.'s (1986) sample were, in order of most frequently mentioned, sex education at school, personal experience, friends, media sources, siblings, parents and observation of others.

#### **2.2.4.6. Criminal histories**

A review of the literature reveals that the majority of young sex offenders have a history of prior sex offending (Awad & Saunders, 1989, 1991; Fehrenbach et al., 1986; Groth, 1977; Ryan et al., 1996). Awad & Saunders (1991) found that two thirds of the adolescent sexual assaulters in their sample had previously committed the same offense. Fehrenbach et al. (1986) found that 72 percent of the repeat offenders in their sample had committed the same offense. Twenty-three percent had committed both the same pattern and a different pattern of sexual offense. The remaining five percent reported committing only a different sexual offense. Groth (1977) found that the criminal records of the adolescent sex offender seldom comprehensibly reported the prior incidences of offending. Cases of sexual abuse of a sibling, child of parents' friends and/or a neighbour were regularly left off the record.

The majority of adolescent sexual offenders were also found to have records of non-sexual offenses (Awad & Saunders, 1989, 1991; Fehrenbach et al., 1986; Ryan et al., 1996). These included shoplifting, theft, burglary, assault, vandalism, arson and animal cruelty.

#### **2.2.4.7. Academic and behavioural problems in schools**

Studies of young sex offenders commonly report academic and/or behavioural problems at school (Awad & Saunders, 1989, 1991; Fehrenbach et al., 1986; Ryan et al., 1996; Shoor et al., 1966). Awad & Saunders (1989, 1991), using the WISC-R, calculated the intelligence quotients of adolescent sexual assaulters and child molesters. They found that the adolescent sexual assaulters scored in the low average range on the WISC-R, whereas over half the child molesters fell in the average range. The child molesters' Verbal IQ was found to be lower than their Performance IQ (Awad & Saunders, 1989). However, researchers have found that young sex offenders have a tendency to underachieve academically in comparison to their expected potential (Ryan et al., 1996; Shoor et al., 1966).

Other school problems reported include: learning disability (Awad & Saunders, 1989), failing a standard (Awad & Saunders, 1989; Fehrenbach et al., 1986) and a history of truancy (Ryan et al., 1996). In South Africa, the high number of pupils that are held back results in the problem where a portion of the class is much older than their classmates. It has been proposed that this situation often leads to the sexual victimization of younger, often "brighter" pupils (Schroeder, 1998:8). Ageton (1983) found that his sample of adolescent sexual assaulters were less attached to their school environment.

#### **2.2.4.8. Psychiatric disorders**

Early research reported that a high number of young, incarcerated sex offenders suffer from serious psychiatric disorders (Lewis, 1976; Lewis, Shankok, & Pincus, 1979; Shoor et al., 1966). Dr Westaway has found a wide range of psychiatric disorders in the children who have sexually abused other children that are referred to the Red Cross Child and Family Unit, Cape Town (Westaway, 1996). Lewis et al. (1979) noticed a high prevalence of depressive symptoms, paranoid symptoms, thought disturbances and auditory hallucinations. A few children were reported to even present with olfactory and/or

gustatory hallucination. Furthermore, they found that the sexually assaultive children had histories of non-sexual aggressive, antisocial behaviours since early childhood.

Subsequent researchers, however, have found little or no evidence to support the above finding that young sex offenders frequently suffer from psychiatric disorders (Becker et al., 1986; Johnson, 1988). Kavoussi, Kaplan, & Becker (1988) study of adolescent, outpatient sex offenders found a much lower incidence of psychiatric disorders than the earlier studies. Nineteen percent of their sample had no diagnosis and none of the boys met the full DSM-III criteria for major affective disorder. Almost half the sample was diagnosed with Conduct Disorder, making it the most common diagnosis. Substance abuse was the only other diagnosis found in more than 10 percent of the sample. It has been suggested that the high incidence of Conduct Disorder among young sex offenders points to the sex offenses occurring as part of the adolescent's general antisocial behaviour pattern and poor impulse control (Becker 1990 in Williams & New, Kavoussi et al., 1988). Awad & Saunders (1989) found that the child molesters in their sample who were also diagnosed as having a history of antisocial behaviour, were more likely to come from a dysfunctional family environment and showed more disturbed social and psychological adjustment. They, however, do not advocate that one distinguish between sex offenders with a psychiatric disorder and those without, as they found in the majority of cases, the psychiatric disorder did not cause the sexual offense (Awad & Saunders, 1989, 1991).

However, the possibility of young sex offenders having a concurrent psychiatric diagnosis highlights the importance of taking a thorough history when assessing young sex offenders and the need for various professionals to work together in the assessment and treatment of young sex offenders.

#### **2.2.5. Heterogeneity of young sex offenders**

In the above review, it is apparent that researchers have noted a diverse array of family variables and personal characteristics within the histories of young sex offenders. O'Brien

(1985) cautions professionals against presuming that young sex offenders constitute a single diagnostic classification. He argues that this results in researchers making reductionist statements about this population group. Instead, he argues that professionals must acknowledge that the offender's behaviour is both multi-faceted and multi-causal. Instead of grouping young sex offenders into a unitary category, he has proposed that adolescent sex offenders are categorized into broad classification groups, based on their behaviours and associated personal and family variables. He suggests using the following groups: (1) naive experimenters; (2) undersocialized child exploiters; (3) sexual aggressives; (4) sexual compulsives; (5) disturbed impulsives; and (6) peer group-influenced offenders (see Appendix A for a point form summary of these different classification groups).

#### **2.2.6. Concluding comments**

From the above review, it is apparent that research in this area still largely rests in an early stage of development. In particular, professionals need to network and consolidate their research findings. It is essential that further research is carried out and publicized if society's current attitude, that young people do not engage in sexually victimizing behaviour, is to be counteracted.

Despite the large gaps in the research, a body of work is also emerging that consistently provides support for similar findings. In particular, the literature highlights that young sex offenders engage in a wide range of sexually abusive behaviours. They choose both male and female victims. A majority of the victims are both known to and younger than the offender. The majority of perpetrators use some force, usually verbal threats or bribes, to coerce the victim into sexual act.

A review of literature suggests that while young sex offenders do not constitute a homogeneous sociodemographic group, the following factors seem to be common variables in this population. They are likely to have poor relationships with family

members and come from dysfunctional families. They usually report a history of physically and/or sexually abuse; have a history of prior sexual and/or non-sexual offenses and have an increased number of sexual experiences, including consenting ones. They regularly report being socially isolated and have poor social skills. Finally, histories of poor academic achievement despite a normal range of intelligence and a host of behavioural problems at school are commonly reported. Thus, the above detailed review of the offenses characteristics, victim characteristics and perpetrator characteristics reveal that the behaviour which young sex offenders engage in is not mere experimentation but in most cases it appears to be indicative of a developing pattern of sexual deviance.

## **CHAPTER 3: METHODOLOGY**

### **3.1. Characteristics of the sample**

The 20 subjects described in this research were selected using the following three criteria: (1) they were a male, (2) between the ages of seven and 15 years old and (3) could be classified as a 'young sex offender' according to the definition stated below. Ryan's (1991a) definition (explored in chapter two) was selected with the additional stipulation that only hands-on behaviour (see Monastersky & Smith (1985) in chapter two) would be investigated. In other words, for the purpose of this research, the term 'young sex offender' refers to males between the ages of seven and 15 years old who commit any aggressive and/or non-aggressive hands-on sexual offense with a person of any age, against the victim's will, without consent, or in an aggressive, exploitative, or threatening manner.

### **3.2. Referral sources**

At the time of this research, there was no centralized process for identifying, assessing and treating young children and adolescents who commit sexual offenses. Both the legal system and the welfare and health system were increasingly having to deal with cases that were referred to them that involved children who had committed a sexual offense. As the aim of this research is to obtain a profile of a South African sample of young sex offenders, in order to inform the development of appropriate diversion treatment programmes, the researcher felt that participants needed to be recruited from both of these institutions. As a result, the sample was obtained from cases that had been referred to either the Office of the Attorney General or the Red Cross Hospital Child and Family Unit.

Prosecutors in Cape Town have been informed to refer all their cases of "alleged attempted rape, indecent assault and sodomy where the offender is under the age of 14 years. . ." to the Deputy Attorney General, Adv Fleischack (Fleischack, 1997:2). Adv

Fleischack is currently in the process of developing the FGC diversion option to deal with such cases. Adv Fleischack invited the researcher to attend each of the FGC that she convened. Following the FGC, the researcher approached the young sex offenders and their caregivers and requested their participation in the study.

Two psychiatrists were approached at the Red Cross Hospital Child and Family Unit as they were known to be conducting research in the area of young sex offenders. Cases were largely referred to them by the courts for assessment, concerned caregivers or by identified victims of sexual abuse who subsequently named the accused child as their perpetrator. Following their assessments, the cases were referred to the researcher. The young sex offenders' parents were then telephoned and their participation in the study was requested.

### **3.3. Recruitment and procedure**

Potential subjects were approached through the agencies indicated above, and requested to participate in the study. As recommended by Jenkins, Hall, & Osborn (1994), in the conduct of socially sensitive research with sex offenders, informed and voluntary consent of the participants was obtained. The purposes of the research and the procedure to be followed was explained to all the participants and their caregivers. Individual confidentiality was guaranteed. It was emphasized to all the subjects and their caregivers that they were free to refuse participation in this study. Furthermore, it was made clear to subjects that participation or non-participation in the research would in no way influence the agreed upon treatment plan or diversion option decided at the FGC. Three of the young sex offenders approached, refused to participant in this study.

### **3.4. Data gathering and the interviewing procedure**

The data for this study was collected from: (a) a structured interview with the participants' caregiver (see Appendix B, Section 1); (b) a semi-structured interview with the

participants (see Appendix C, Section 2) and (c) selected psychometric instruments, including Raven's Coloured Progressive Matrices, Bender Gestalt Test and Draw-A-Person Test. In all but the one bilingual case, an interpreter was used.

The interview protocols were derived by consulting both the literature as well as relevant judicial and mental health specialists. Essentially, the interview protocol reflected a combination of the Maudsley interview schedule, Sattler's (1992) background questionnaire and additional questions designed to tap relevant areas of interest as highlighted by the literature (e.g. Freeman-Longo, 1985; Groth & Lored, 1981; Ross & Loss, 1991; Ryan et al., 1990; Saunders & Awad, 1988; Vizard, Wynick, Woods, & Jenkins, 1996).

After signing the confidentiality form (see Appendix D), the caregiver was interviewed in the presence of the participant. The participant was included so as to dispel any thoughts that the caregiver and the interviewer were establishing a secretive alliance against the participant. The caregiver was questioned about the participants' family history, developmental history, social and behavioural problems, educational history and any other significant information. These interviews lasted between 20 and 45 minutes.

The participant was then interviewed without the presence of the caregiver. This was to allow the participant the space to discuss any information, such as victimization experiences or previous sexual and/or criminal activity that they might not feel comfortable discussing in front of their caregiver. The interview focused on the referral sexual offense, previous sexual and non-sexual offenses, family history and personal history. Significant areas of focus in the participants' personal history included their early childhood, school history, peer relationships, sexual history, aggressive behaviours and exposure to aggressive and/or sexual behaviour. A mental state examination was carried out. The participants' sexual knowledge was also tested by three basic questions. At the end of the interview, the psychometric tests mentioned above were administered. The interview and testing lasted between two and three hours.

In addition, the interviewer reviewed, if possible prior to the interview, all the available documents pertaining to the sexual offense and the participants' life history. This included the legal dockets, hospital files, police reports, victim and witness statements, medical reports of the victims' examination, social worker reports, FGC reports and/or school reports.

### **3.5. Psychometric instruments**

After each interview, the Raven's Coloured Progressive Matrices, the Bender Gestalt Test and the Draw-A-Person Test were administered. This triad of tests was selected to obtain a general estimate of intelligence for each subject. It was judged necessary to assess each participants' general level of functioning as research has found that young sex offenders have a tendency to underachieve academically in comparison to their expected potential (Ryan et al., 1996; Shoor et al., 1966).

#### **3.5.1. The Raven's Coloured Progressive Matrices Test**

This test was developed by J. C. Raven in 1947. For this study, the test was always individually administered. While it is acknowledged that this test provides a less reliable and less valid measure of a child's general level of functioning than tests such as the WISC-R (Wechsler Intelligence Scale for children, Revised) or the JSAIS (Junior South African Intelligence Scale), it was selected as it is regarded as a useful measure of non-verbal reasoning ability (Raven, 1947; Sattler, 1992). In addition, it is relatively simple to administer and interpret. Furthermore, it is less problematic to use this test cross-culturally than other IQ tests as the subjects are not required to be able to speak English (Raven, 1947; Raven, Raven, & Court, 1991; Sattler, 1992).

### **3.5.2. The Bender Visual Motor Gestalt Test**

This test was developed by L. A. Bender in 1938 for assessing an individual's visual motor integration skills. For this study, the Koppitz Developmental Bender Scoring System was used (Koppitz, 1964). As most of the children in this sample were older than eight years, this test was used to distinguish those children with normal visual motor developmental skills from those children with below average visual motor skills (Sattler, 1992).

### **3.5.3. The Draw-A-Person Test**

This test was developed by Goodenough in 1926 and extended by Harris in 1963. For this study, the Goodenough 51-point scoring system was used. These points are then converted to an IQ score. This test was selected in order to provide an additional measure of non-verbal intellectual maturity. Using the above scoring system, the researcher was able to measure the complexity of each participant's concept formation ability (Cox, 1993; Sattler, 1992). Again, the non-verbal and less culturally loaded nature of this test made it a useful measure of cognitive ability for this largely non-English speaking population group (Sattler, 1992). Harris's (1963) extended version of the Draw-A-Person Test<sup>1</sup>, was used in order to provide the researcher with additional material from which the participants' self concept could be assessed (Burns, 1987; Cox, 1993).

While neither the Raven's Coloured Progressive Matrices nor the Draw-A-Person Test provide a valid measure of intelligence when used on their own, through using both these tests in conjunction with the Bender Gestalt Test, clinical judgment and the developmental history reported, the researcher was able to judge the range of intellectual functioning of the sample.

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<sup>1</sup>In this version, the participant draws three pictures, namely a man, a woman and himself.

### **3.6. Data analysis**

The data from each participant was entered into the broadest possible database (see Appendix E for a summary of this database). Essentially, this study utilized descriptive statistics such as frequencies to explore the salient psychological and sociological characteristics within this sample. A descriptive profile of the sample will be outlined and significant differences within the current sample of young sex offenders will be explored.

## CHAPTER 4: RESULTS

### 4.1. Demographic data

The ages of the young sex offenders ranged from seven years eight months to 14 years 11 months. The mean age of the offenders was 12 years. The distribution of the ages of the offenders at the time of their offense is displayed in Figure 1.

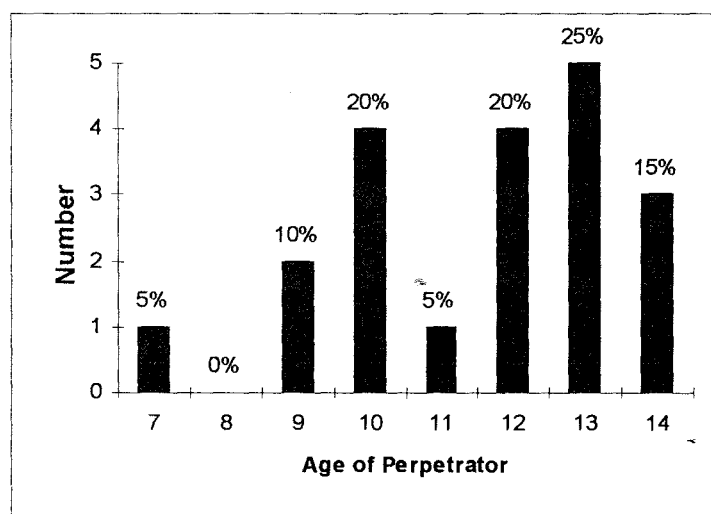


Figure 1. Age of perpetrator at time of their offense.

These youths were all living in the Western Cape region. According to the areas designated under the Group Areas Act in the previous Apartheid systems constitution, 85 percent of the participants lived in 'coloured' areas, 10 percent in 'black' areas and five percent in 'white' areas. Fifty percent of the sample was living in rural areas and the other half came from an urban environment. Afrikaans was the home language for 85 percent of the sample. One of the participants was bilingual (English-Afrikaans) and two of the participants' home language was Xhosa.

While the main aim of this pilot study is to produce a profile of the salient psychological and sociological characteristics prevalent in this sample of young sex offenders (summarized in Table 2 at the end of this chapter). It is also important to explore the

heterogeneity within this sample. In order to accomplish this, the researcher will examine the prominent differences between: (1) The young sex offenders living in the urban areas (n = 10) and the young sex offenders living in the rural areas (n = 10) and (2) the young sex offenders who were younger than 12 years six months (the younger aged sub-group) (n = 10) and the young sex offenders who fell between the ages of 12 years seven months and 15 years (the older aged sub-group) (n = 10).

## 4.2. Family environment

### 4.2.1. Place of residence

At the time of the interviews, most of the sample was living with at least one of their biological parents (90 percent). Table 1. outlines the breakdown of the young sex offenders living arrangements.

Table 1.: Breakdown of the young sex offenders living arrangements

Living with both biological parents	40 %
Living with single biological mother	15 %
Living with single biological father	5 %
Living with one biological parent and a step-parent	15 %
Living with a relatives without either biological parents	10 %
Living with one biological parent (and relatives)	15 %

From this table it is apparent that 55 percent were living with two caregivers. Two of the young sex offenders from the above type of family arrangement were termly boarders at boarding school and as a result they only spent the school holidays with their caregivers. Eighty percent of young sex offenders who lived with two caregivers were living in rural areas. On the other hand, 80 percent of the young sex offenders who lived with only one of their biological parent, on their own or with relatives, were living in the urban areas.

Sixty percent of the young sex offenders, including 80 percent of the younger aged sub-group, were judged to reside in an over-crowded house. Domestic violence was reported

to occur regularly in 40 percent of the households and to occur sporadically in 20 percent of the households.

Four of the young sex offenders had experienced the loss of a parental figure as a result of death (two mothers and two fathers). Thirty percent of the young sex offenders' mothers and 30 percent of their fathers were either re-married or involved in serious relationships with new partners. Thirty-five percent of the young sex offenders had extremely seldom or no contact with their fathers.

#### **4.2.2. Substance abuse**

In 75 percent of the cases, it was reported either by the accompanying caregiver or the young sex offender, that one or more family members abused alcohol. Both parents were reported to abuse alcohol in 40 percent of the cases. Two fathers, one mother and two step-fathers were reported to abuse alcohol in the families where only one parent was reported to drink alcohol excessively. In addition, alcohol abuse was reported in 35 percent of the relatives living in the same place of residence as the young sex offenders. Thirty percent of the fathers were reported to abuse drugs, including cannabis (five fathers) and mandrax (two fathers).

#### **4.2.3. Family criminal histories**

One or more family members were reported by the caregiver accompanying the participant to have committed a crime in 55 percent of the young sex offenders' families. The reported family members included eight fathers, three uncles and two brothers. Eight of the above family members served time in prison, while five of the family members were never actually convicted for the reported crimes. The crimes that the family members carried out included: theft and housebreaking (six incidents), assault (five incidents), domestic assault (three incidents) and murder (three incidents). In addition, there was one case of cannabis

possession and one of the father's was reported to have been accused of rape. The ex-wife could not recall any details of the rape offense.

### 4.3. Referring sexual offense

#### 4.3.1. Offense characteristic

All the children and adolescents in this sample had engaged in sexual behaviour that was judged to have occurred with a non-consenting partner. The most frequently occurring referral offense was rape (nine cases), followed by sodomy (six cases). Five of the six sodomy cases were carried out by young sex offenders living in an urban environment. There was one case of attempted sodomy. The four cases of fondling a females genitals were all from the same incident where four boys were found guilty of molesting an adolescent girl on two separate occasions with seven other adolescent and child perpetrators. Figure 2 illustrates the breakdown of the sexual behaviour engaged in by the young sex offenders.

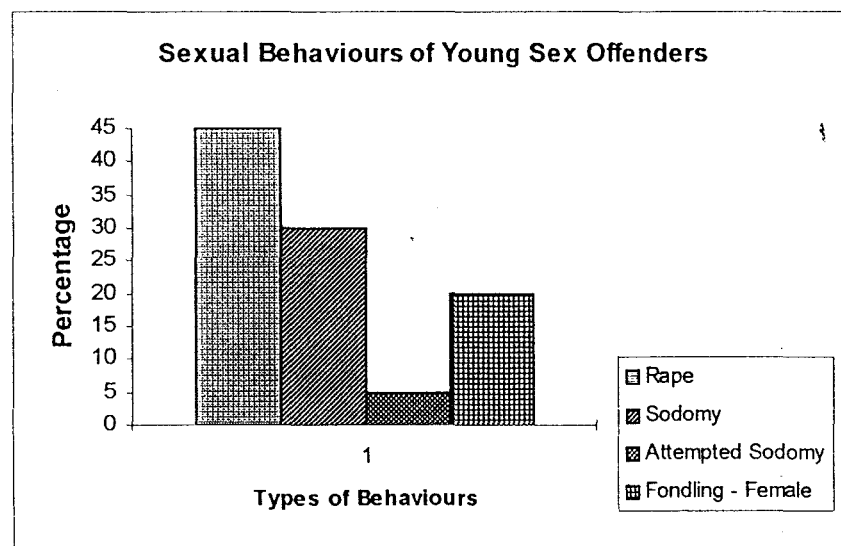


Figure 2. Sexual behaviours of the young sex offenders.

Eight of the young sex offenders operated on their own, while three offenders carried out their offending behaviour with a peer. Of the young sex offenders who operated in a

Eight of the young sex offenders operated on their own, while three offenders carried out their offending behaviour with a peer. Of the young sex offenders who operated in a group, five of the boys offended in a group of three (two different reported cases) and there were the four young offenders who carried out their offense with seven other adolescent and offenders. The division between those young sex offenders who operated on their own ( $n = 8$ ) and those the young sex offenders who carried out their offense with one or more co-perpetrators ( $n = 12$ ) will form another comparison group for investigating significant differences in the personal characteristics within the current sample of young sex offenders.

Just under 30 percent of the sex offending incidents occurred at either the perpetrators' and/or victims' place of residence. These offenses were carried out by young sex offenders who operated on their own. Fifty-seven percent of the sexual encounters that happened inside, occurred at the perpetrator's house. Two of the rapes occurred at houses where both the victim and the perpetrator lived. Both of these young sex offenders lived in the urban area and appeared to have repeatedly forced their victim to engage in sex with them. One third of the sex offending incidents occurred at the school that both the victim and the perpetrator attended. All but one of these schools were situated in the rural areas. Thirty-eight percent of the number of sexual interactions, happened in outdoor, isolated areas, such as "by the river" or "in the ditch". Ninety-five percent of the offenses that were carried out at the school or outdoors, were perpetrated by young sex offenders operating with one or more co-perpetrators.

#### **4.3.2 Victim characteristics**

Figure 3 shows the ages of the victims of the young sex offenders. The ages of the victims of the young sex offender who offended with one or more co-perpetrators were only entered once. The ages of the victims ranged from five years to 12 years. The mean and modal victim age was seven years.

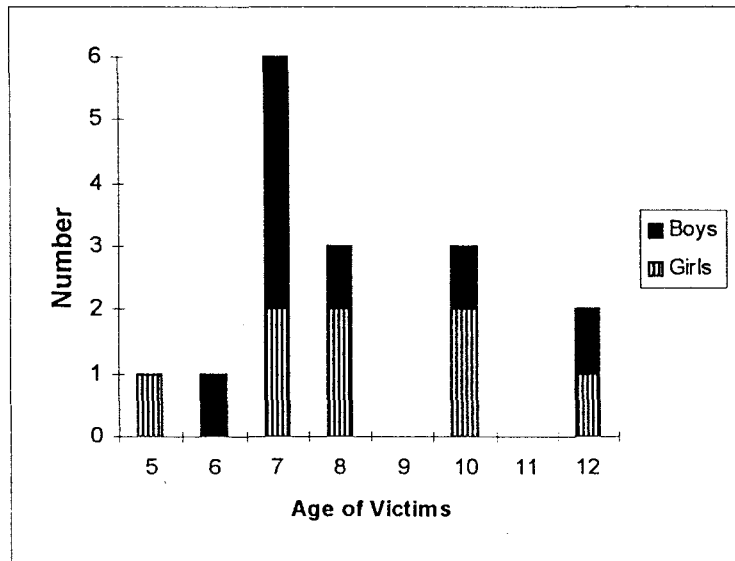


Figure 3. Age of victims of the young sex offenders.

The majority of the young sex offenders (65 percent) selected female victims. There was no difference in the mean ages of the girl and boy victims. All seven boy victims were younger than their perpetrators. The mean age difference between the young sex offender and their male victims was five years. The female victim of the group-influenced genital fondling incidents, was one year older than two of her perpetrators that were brought to the FGC. Otherwise, all the girls were younger than their perpetrators. The mean age difference between the young sex offender and their female victims was four years. The final comparison division, selected to explore whether any significant differences in the personal characteristics existed within the current sample of young sex offenders, was between those young sex offenders who acted-out sexually with a victim more than four years younger than them ( $n = 10$ ) and those young sex offenders who acted-out sexually with a victim of similar age (i.e. the age difference between the perpetrator and the victim was less than four years) or who was older than them ( $n = 10$ ). The young sex offenders who acted-out sexually with a peer were more likely to select a female than a male victim. Whereas the young sex offenders who acted-out sexually with a victim more than four years younger than them were equally likely to select a female or male victim.

Eighty percent of the young sex offenders sexually acted-out with one victim in the referral offense. The other four young sex offenders' referring offense included three victims. All the young sex offenders knew their victims. Figure 4 shows the relationship between the young sex offenders and their victims.

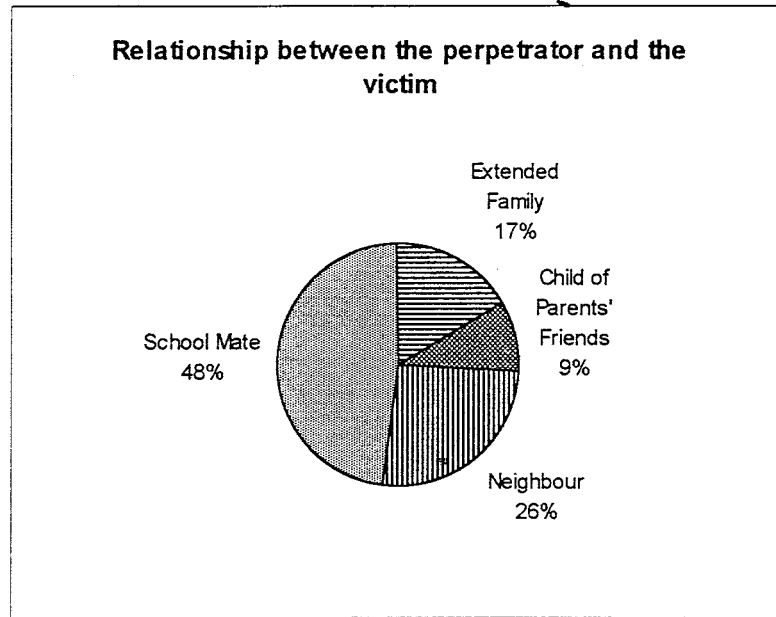


Figure 4. Relationship between the young sex offender and their victims.

The young sex offenders operating on their own were more likely to force one of their relatives to engage in sexual activity with them than those offenders who operated with one or more co-perpetrators. The younger aged sub-group was more likely to select a school mate when compared with the older age sub-group.

#### 4.3.3 Level of coercion

Most of the young sex offenders used verbal coercion (65 percent) in order to get the victim to engage in the sexual behaviour with them. Thirty-five percent of the participants reported that they used physical force as a means of coercing the victim. This included using their greater body strength to restrain the victim, using a co-perpetrator to hold the victim down and/or hitting the victim with a leather belt or hand. There were no incidents

reported where a weapon was used in order to force the victim to engage in the sexual behaviour with them.

Fifty-five percent of the sample admitted to the interviewer that they were aware that the victim was scared of them during the sexual interaction in that s/he told them to stop, cried or was extremely still and quiet. The youngest child in this sample reported that it felt “nice” to make his victims scared, as being able to do this made him feel powerful.

#### **4.3.4. Denial, responsibility, and minimization**

Sixty percent of the sample, including all of the young sex offenders who operated on their own, initially denied that the offense had occurred. After being confronted, two thirds of these offenders maintained throughout the interview that they had not interacted sexually, in any way, with the victims. Their claims were inconsistent with the victim statements, witness accounts, social work reports and/or the FGC minutes. When the young sex offenders' accounts were compared to these other sources of information, 95 percent of the sample was found to have minimize their involvement. In other words, only one of the offenders, the youngest perpetrator, accepted full responsibility for his actions.

Half the sample claimed that the victim had initiated the sexual interaction.<sup>1</sup> Forty percent of the young sex offenders blamed a co-participant for initiating the sexually victimizing behaviour. Often the implied main perpetrator did not attend the FGC or refused to be interviewed.

The majority of the young sex offenders (65 percent) reported that they felt “sorry” for their offense. When this reaction was explored further, it became apparent that the remorse they expressed was more around the inconvenience they brought upon themselves and their family, for having to attend the FGC or hospital, than for the harm they might have caused their victims. The next common reaction was one of anger (35 percent). The young perpetrators were often angry that they were having to do community service,

while their victims whom they adamantly claimed had initiated the encounter, were not being punished. A few of the young sex offenders were also angry that their co-perpetrator who had initiated the sexually victimizing behaviour was not being followed up.

The young sex offenders who selected much younger children and those that offended with one or more co-perpetrators, were more likely to acknowledge that their behaviour had harmed or hurt their victim in some way. However, the young sex offenders who selected much younger children were also more likely to have blamed their victim for initiating the sexual encounter. The younger age sub-group was more likely to express remorse for what they had done.

#### **4.4. Other significant findings**

##### **4.4.1. Victimization experiences**

Only 20 percent of the sample reported that they had been sexually abused. The perpetrators of their sexual abuse were all known, older adolescents (two girls and two boys) at their school. Sexual abuse was strongly suspected and insinuated in two additional cases. The perpetrators in these incidences, included a father and his brother (the participant's uncle) and a neighbour.

Thirty percent of the young sex offenders reported that they were being physically abused at home. Two of the offenders were being physically abused by their step-fathers. A father, an uncle, an aunt and older adolescent boys were reported to be physically victimizing the other young sex offenders. Two thirds of the offenders, who reported that they were being physically abused, operated on their own as opposed to offending with other youths.

Two of the young sex offenders had been abducted. One participant was abducted by his father and the other participant was abducted with a few other boys by men who were strangers to them. Both these cases are associated with suspected sexual abuse. Both these two participants expressed extreme paranoid thinking around the fear of someone harming them in the future.

The interviewer was struck by how many of the young sex offenders appeared emotionally detached during the interviews. It was suspected that as the data was only collected from one interview (and not from an ongoing treatment programme that would allow for a deeper rapport to be established), the reported incidences of both sexual and physical abuse are lower than the actual experiences of victimization occurring in the young sex offenders' lives.

In terms of broader exposure to aggressive behaviour, 80 percent of the participants reported that they regularly witnessed violence within their community. Domestic violence was reported to regularly occur in 40 percent of the households and sporadically occur in 20 percent of the households. Young sex offenders who fell into the younger age subgroup, or those who operated on their own and/or offend against children similar in age to them, were more likely to report the regular occurrence of domestic violence. A significant finding was that over a third of the sample had witnessed someone being murdered.

#### **4.4.2. Sexual history**

Sixty percent of the young sex offenders reported that they had previously engaged in consenting sexual interactions with females. Just under a half of the sample had or were dating a female peer. Twenty percent reported that they had been involved in heavy petting and simulated sex with a consenting partner. Thirty-five percent reported that they had previously had sexual intercourse with one or more consenting partners. Three of the offenders from one area reported that they had sexual intercourse with an 11 year old girl

at their school who prostitutes herself. The older aged sub-group of offenders, those offenders that selected younger victims and those offenders that operated with one or more co-perpetrators were all more likely to have previously engaged in consenting sexual intercourse. Only 30 percent of the sample reported that they had begun masturbating. None of the offenders reported any prior consenting homosexual experiences. One of the participants had previously been treated for a sexually transmitted disease.

It was extremely apparent during most of the interviews that there was a large discrepancy between the offenders' sexual experience and their sexual maturity. The offenders often became shy and appeared genuinely naive when asked questions of a sexual nature. The majority of the sample (70 percent) had not received any formal sex education from their parents or teachers. Older peers, witnessing older adolescents and adults having sex and pornographic material were commonly cited as the main sources of information about sex. The participants who had received sex education were more likely to fall in the older age sub-group, live in the urban area and offend against children much younger than themselves.

The following three questions were used to evaluate sexual knowledge: (1) How are boys and girls biologically different? (2) What happens during sexual intercourse? and (3) How do women fall pregnant? Fifteen percent of the young sex offenders were able to answer all three questions. Half the sample could answer only question 1 and 15 percent of the sample was able to answer both questions 1 and 2. Twenty percent of the sample, consisting entirely of young sex offenders who operated on their own, were unable to answer any of the above questions.

On the projective drawings, transparency of the drawings was apparent in 40 percent of the sample. The most common body parts that were visible due to transparency were: breasts (20 percent), nipples (20 percent), navel (15 percent), body including legs (15 percent) and detailed genitals (five percent). Twenty-five percent of the sample accentuated the genital area. The young sex offenders who fell into the older age sub-

group and/or operated with one or more co-perpetrators were more like to accentuate the genital area. A selection of projective drawings illustrating the above features is included in Appendix F.

In terms of exposure to sexually explicit material, 30 percent of the sample reported that they regularly viewed pornographic movies and/or magazines and 20 percent reported that they had looked at such material once. Forty percent of the young sex offenders reported that they had regularly witnessed older adolescents and/or adults having sex and 15 percent reported that they had once seen a couple having sexual intercourse.

#### **4.4.3. Prior sexual offenses**

Three quarters of the sample, including all the young sex offenders who operated with one or more co-perpetrators, reported that the victim of the referring offense was the only person that they had ever engaged with in sexual coercive behaviour, either once-off or repeated. The other five young sex offenders in the sample reported that they had offended with one other victim prior to the referring offense. Half the sample of young sex offenders reported that they had previously committed a sexual offense. Six of the offenders had committed the same offense previously with the same victim. One of the offenders had committed the same offense with a different victim. Three of the young sex offenders reported that they had fondled girls prior to committing their referring offense with a different victim. One of the offenders had fondled a boy prior to the referring offense of rape. Seventy percent of the older age sub-group had previously committed a sexual offense.

#### **4.4.4. Prior non-sexual offense history**

Over half the sample (55 percent) reported that they had committed at least one prior non-sexual offense. Of these participants, five boys (25 percent) had shoplifted sweets. Three of the participants had never been caught whereas the other two boys had been caught on

more than one occasion, but no case was made against them. Five of the participants had been accused of housebreaking and theft. Diversion with a community service component was opted for in four of these cases. No charges were laid in the other case. Finally, one of the young sex offenders was concurrently attending court for a case of attempted murder. According to the accused participant, he had been playing soccer with 11 of his friends. Three older adolescent boys arrived on the scene and began teasing them. A fight broke out. After a period of fighting, the group of younger boys left. One of the older adolescents bled to death half an hour later. Charges of attempted murder have been laid against all of the 12 younger boys.

#### **4.4.5. Behavioural problems**

The most common behavioural problems reported were: tantrums and easily angered (55 percent); impulsive (45 percent); regularly involved in fights (45 percent); bed wetting (30 percent); difficulty falling asleep and nightmares (25 percent); occasionally involved in fights (25 percent) and cruelty towards animals (25 percent).

On the projective drawings, poor impulse control (Burns, 1987) was indicated in 25 percent of the sample. Half the sample, included one or more indicators of aggressive impulses (Burns, 1987) in their projective drawings. One quarter of the samples drawing of a woman was judged to be a disturbed, aggressive drawing. See Appendix F for a selection of projective drawings illustrating the above features.

It was rare for the young sex offenders to report any substance abuse and/or possession of a weapon. Only one participant reported owning a knife. He reported that he used this knife to intimidate the other children at his school. Four participants admitted to smoking cigarettes (less than five a day), two participants reported drinking alcohol on the weekends and one participant reported that he smoked cannabis occasionally. Two of the participants reported that they had sniffed glue.

#### **4.4.6. Peer relationships and social skills**

The majority of the sample (55 percent) reported having many friends, that is, more than five friends including a few close friends. Thirty percent reported only having a few friends and 15 percent reported that they were loners. The four young sex offenders who were involved in the incident of fondling an adolescent girl, belonged to a gang called the “(Klein) Ram Katte”. They reported that the older boys (belonging to the “(Groot) Ram Katte”) had labeled them “Ram Katte”. Whereas, the “Groot Ram Katte” would drink alcohol, steal, stabbed people and regularly fought, they reported that the “Klein Ram Katte” would only throw stones.

Half the sample was judged to have adequate social skills. A number of the participants were quite charming and socially gregarious throughout the interview. Twenty percent of the young sex offenders were evaluated as being immature and lacking appropriate social skills. The other 15 percent presented as quiet and withdrawn.

#### **4.4.7. Schooling**

The distribution of standards that the young sex offenders were in, at the time of their interview, ranged from not attending school to Grade Eight. The mean current standards were Grade Five and Grade Seven. One quarter of the sample was in a special or adaptation class. A notable finding was that 95 percent of the sample had failed one or more standards. Forty-five percent had failed once, 30 percent twice and 15 percent three times. One of the young sex offenders had failed five times.

Forty-five percent of the sample had a history of truancy. This was more common for offenders living in rural areas (70 percent). The mothers in this area reported that they would leave for work and did not know whether their child attended school or not. The offenders would often miss school for a few consecutive weeks.

#### 4.4.8. Intelligence classification

Figure 5 shows the breakdown of the young sex offenders' intelligence classification. The young sex offenders general level of functioning was calculated by the triad of tests: Raven's Coloured Progressive Matrices, Bender Gestalt Test and Draw-A-Person Test in conjunction with clinical judgment and the developmental history reported (see Appendix G for a summary of the test results).

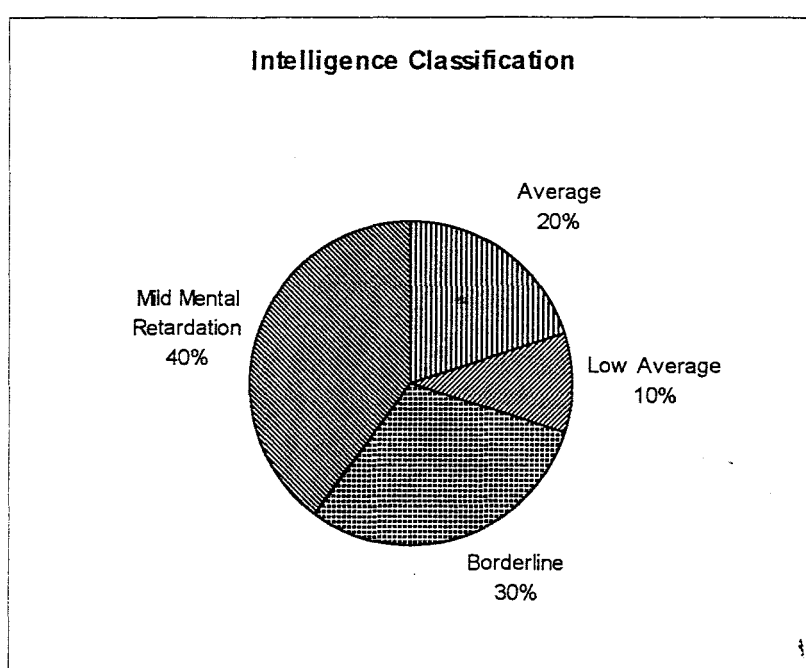


Figure 5. Classification of the young sex offenders' intelligence

In order to assess the reliability of the researcher's scoring of the Bender Gestalt tests and the Draw-A-Person tests, an independent and experienced clinical psychologist was employed to re-score a random selection of half of each of the above tests (see Appendix H for the researcher's and the inter-rater's raw scores of these two tests). The chosen rater was blind to the hypotheses of the project. The inter-rater reliability was established as  $r = 0.97$  for the Draw-A-Person test ( $p$  less than 0.05) and as  $r = 0.96$  for the Bender Gestalt test ( $p$  less than 0.05). Thus, the participants test scores can be judged to be highly reliable.

Approximately one third of the sample experienced greater difficulty with the visual motor integration tasks than with tasks requiring verbal and conceptual skills. Whereas approximately one third of the sample experienced difficulty with the converse tasks.

The above intelligence classifications were consistent with the caregivers reported milestones in 75 percent of the cases. Sixty percent of the caregivers reported that their child had delayed development in the area of acquisition of personal and social skills. Twenty percent reported that their child's communication skills were delayed and 15 percent reported that their child's motor skill acquisition was delayed.

#### **4.5. Summary**

A profile of the salient psychological and sociological characteristics prevalent in this sample of young sex offenders, their offense characteristics and characteristics of the victim they selected is outlined on the following page in Table 2.

**TABLE 2**  
**Profile of the young South African male sex offender**

<b>AGE</b>	Range : 7 - 15 years Mean age : 12 years	Total Sample : 20 Cases
<b>MODUS OPERANDI</b>	Rape, sodomy, female genital fondling, attempted sodomy. Majority of the offenders operated with one or more co-perpetrators (12). Eight of the participants operated on their own.	
<b>VICTIMS</b>	Male : 7 Female : 13	Age range : 5 - 12 years Mean age : 7 years
	All perpetrators knew their victims: from school, a neighbour or an extended family member.	
<b>HOME SITUATION</b>	With father & mother : 7 With mother : 3 With parent & relatives : 4	With parent & step-parent: 2 With relatives : 2 Boarding school : 2
	On the whole, house overcrowded, one or more parents abused alcohol, over half the participants have witnessed domestic violence.	
<b>FAMILY CRIMINAL RECORD</b>	Who: Fathers (8), Uncles (3), Brothers (2). Crimes included: theft and house breaking (6), assault (5), domestic assault (15), murder (3), drug possession (1) and rape (1).	
<b>EDUCATION</b>	Very low to average achievement. Five participants currently placed in a special class. Standard failure common: once (9), twice (6), three (3), five (1).	
<b>INTELLIGENCE</b>	IQ range : Mild mental retardation to average range of functioning.	
<b>VICTIMIZING EXPERIENCE</b>	Half the sample reported physical or sexual abuse. Under-reporting suspected. Two of the participants had been kidnapped.	
<b>SEXUAL HISTORY</b>	Majority have had prior consenting sexual interactions, including penetrative sexual intercourse (7). Some masturbation admitted. No homosexual experience reported. Majority had not received suitable sex education. Knowledge about sex extremely limited.	
<b>PRIOR SEX AND NON-SEXUAL OFFENSES</b>	Half sample admitted to prior sex offenses. 11 participants had committed a non-sexual offense, including: house breaking and theft (5), shoplifting (5), attempted murder (1).	
<b>BEHAVIOURAL PROBLEMS</b>	Tantrums and easily angered (11); impulsive (9); regularly involved in fights (9); bed wetting (6); occasionally fights (5); cruelty towards animals (5).	
<b>PEER RELATIONSHIPS</b>	Over half sample reported having many friends. Three were loners. Ten boys had adequate social skills. Other half either withdrawn (6) or immature (4).	
<b>COMMUNITY</b>	Majority regularly witnessed violence in their community.	

## **CHAPTER 5: DISCUSSION AND EVALUATION OF THIS STUDY**

### **5.1. Introduction**

For the intended purpose of this pilot study, the data was collected from a narrowly focused population of young sex offenders in that both the age range and pattern of sexual offenses were tightly defined. The age range of this study included latency aged children, pre-adolescents and young adolescents. A further stipulation was that all the young sex offenders included in this sample had to have committed a hands-on sexual offense. Any interpretations, comparisons and discussion of data from this study must be considered in light of these two defining criteria.

### **5.2. Profile of a young, South African, male sex offender**

According to this pilot study, a profile of the young, South African male sex offender who has been identified by either the legal system or the welfare and health system is likely to include the following variables. He is likely to be 12 years old and more often than not, he is Afrikaans speaking. He is equally likely to reside in a rural or urban area. At the time of the interview, he is likely to be living in his parents' home, though not necessarily with both his biological parents. His home environment is typically characterized by overcrowding, alcohol abuse and domestic violence. A significant male relative of his is likely to have committed a criminal offense.

The modal scenario most likely involves a victim aged seven years old. This victim is usually female, but it is not uncommon for a male victim to be selected. The victim is usually known to the perpetrator. S/he usually attend the same school as the perpetrator or live in the same neighbourhood or were a member of the offenders' extended family. The assault is unwanted and typically involves penetration into either the victim's vagina or anus. The offenders are more likely to carry out this offending behaviour with one or more co-perpetrators than operate on their own. The young sex offender typically carries out

the sex offending behaviour in one of the following places: an outdoor isolated area; at the school; or at the home of either the victim or the offender.

The young sex offender is not likely to have any previous conviction for committing a sexual offense. However, the referral offense often does not represent his first offense or first victim. One in three young sex offenders have sexually abused their victim in the referring offense on more than one occasion. The young sex offender may have been a victim of physical or sexual abuse by a relative, step-parent or older adolescent (under-reporting of such victimization experiences appears to be common). Usually, the young sex offender has engaged in consenting sexual interactions with a female prior to his sex offending behaviour. He does not report homosexual tendencies. Typically, he is sexually naive and has not received any suitable sex education. One in three young sex offenders report regularly viewing pornographic material. In addition, he is likely to have committed a non-sexual offense, such as shoplifting, housebreaking and theft, prior to the referring sexual offense.

The young sex offender attends school. He typically has failed one or more times. His intelligence quotient is most likely to fall in or below the borderline range of functioning. He tends to be either socially isolated and socially anxious or alternatively reports having a number of friends and appears to have adequate social skills. Parents and/or teachers state that the young sex offender is easily angered; has poor impulse control; plays truant; fights; wets his bed; experiences difficulty falling asleep and sometimes is cruel towards animals. He seldom abuses alcohol and/or drugs or owns a weapon.

Finally, he is likely to live in a community environment where he regularly witnesses violence. One in three young sex offenders have witnessed somebody being murdered. In addition, he is likely to have witnessed older adolescents or adults engaging in sexual intercourse in his home or neighbourhood.

### **5.3. Comparisons between the current pilot study and previous research on child and adolescent sex offenders**

#### **5.3.1. Offenses characteristics**

The current study found that the referring sex offenses covered the same range of hands-on offenses reported by other studies of either child or adolescent perpetrators (Ageton, 1983; Becker et al., 1986; Fehrenbach et al., 1986; Johnson, 1988; Ryan et al., 1996). Support was not found in this study for the suggestion made by both Longo & McFadin (1981) and Ryan et al. (1996) that the young sex offenders progress from hands-off behaviours to hands-on behaviours, as none of the participants in this sample reported ever exposing themselves to another person, engaging in voyeurism and/or making obscene telephone calls. However, as the answers to these questions relied largely on the honesty of the participants, the validity of the above statement is questionable. The current study obtained support for the finding in the literature (Awad & Saunders, 1989, 1991; Fehrenbach et al., 1986; Groth, 1977; Ryan et al., 1996) that young sex offenders have regularly committed a sexual offense prior to their referring sexual offense. The offenders that came from the older aged sub-group were more likely to report that they had previously committed a sexual offense. Most of the repeat sex offenders reported that they had previously committed the same offense with the same victim. A few of the other repeat sex offenders reported that they had fondled either a girl or a boy prior to the referring offense of either rape or sodomy. In this way, there was some progression noted, in a few of the young sex offenders from genital fondling to penetration of the victim's vagina or anus with their penis. This finding that half the sample had previously committed a sexual offense demonstrates, as other studies have (Becker et al., 1986; Deisher et al., 1982; Groth, 1977), that sexual offenses are generally not one-off experimental occurrences. As a result, professional should thoroughly assess all youths who are accused of committing either a hands-off or hands-on sexual offense in order to investigate whether these behaviours are early indicators of a developing pattern of deviant sexual behaviour.

A few studies (Awad & Saunders, 1989; Groth, 1977) have reported that most adolescents carried out their offending behaviour on their own. The current study, on the contrary, found that the majority of the young sex offenders carried out their referring sexual offense with one or more co-perpetrators. These offenders would often blame a co-perpetrator for initiating the sexually offending behaviour. The co-perpetrator often would not arrive at the arranged FGC or interview. As a result, their supposed greater involvement could not be verified. O'Brien (1985) has constructed a separate classification group for 'peer group-influenced' (see Appendix A). The distinguishing characteristic was that the sexually victimizing behaviour was as a result of peer pressure. In other words, the young sex offenders were engaging in the sexually coercive behaviour as a means of gaining approval and respect from their peers. The researcher wondered whether the current study's sample included a number of sex offenders who fell into such a classification group. However, investigations into the histories of the sex offenders who offended with one or more co-perpetrators revealed that they had often committed the same sexual offense previously with the same victim; had a previous criminal record, and abused substances. So while the behaviour may have been motivated by peer pressure, it appeared that it was more a function of belonging to a delinquent peer group. Within these groups, the sex offending behaviour appeared to represent just one of the many antisocial behaviours in which the youths engaged. These young sex offenders were also more likely to have engaged in consenting sexual intercourse prior to their sex offending behaviour. This again highlights that their sex offending might represent an expression of anger or a means of humiliating or controlling another individual as opposed to merely experimenting. In terms of this interpretation, the tendency for the young sex offenders to blame the absent co-participant can be viewed as an attempt on their behalf to avoid taking responsibility for their actions. Given South Africa's past apartheid history and the extremely impoverished socio-economic circumstances that approximately 70 percent of the population live in (Marshall & Herman, 1998), sex offending with one or more co-perpetrators may be a trend particular prevalent in this country:

The researcher is uncertain as to why five of the six sodomy cases came from the urban area. This finding may be more related to the general under-reporting of sex offenses carried out by young offenders. Studies have shown that there is greater under-reporting of sexual abuse in boys (Watkins & Bentovim, 1992). Thus, the general under-reporting of sodomy compounded with the denial that children can sexually victimize other children may have resulted in this finding. Alternatively, this skewed finding may stem from the small sample size.

There were no reported incidence of date rape in the current study. Ageton (1983), however, found that date rape was the 'typical' adolescent sexual offense. It is feasible that the younger age range selected for this study might have excluded older adolescents who are possibly more likely to engage in sexually offending behaviour that could be classified as 'date rape'. However, considering that just under half of the participants had or were dating a girlfriend, this argument appears to insufficiently explain the lack of date rape reported. Bearing in mind that the young sex offenders in this sample have engaged in the same range of sexual behaviours as older sex offenders, it seems highly probable that young sex offenders are also forcing their dates and/or girlfriends to engage in sexual activity with them. Thus, the absence of referrals to the courts and hospitals of such behaviour is probably more linked to the reluctance of the young victims to report their boyfriends sexually victimizing behaviour.

The current study also found a difference in the types of venues selected by the perpetrators for carrying out their sex offending behaviour. While previous studies have found that nearly all the sexual offenses have taken place in either the offender's or the victim's place of residence (Ageton, 1983; De Jong, 1989; Groth, 1977; Vinogradov et al., 1988), this study found that only one third of the sexual assaults were carried out in such houses. Instead, the majority of the sexual offenses were found to occur at either a school or in an outdoor isolated area. This was particularly true for those sexual offenses that were carried out by young sex offenders coming from rural areas.

Consistent with previous research (Ageton, 1983; Becker et al., 1986; Davis & Leitenberg, 1987; Deisher et al., 1982; Fehrenbach et al., 1986; Ryan et al., 1996; Vizard et al., 1995), this study found that the majority of the participants relied on verbal threats to coerce their victim to comply with their demands. Similarly, there were no reported incidents of intoxication while carrying out the sex offending behaviour nor the use of a weapon to ensure the victim's compliance. In addition, this study similarly found that a high percentage of the young sex offenders denied and minimized their involvement in the referring sexual encounter. In particular, a high percentage of the participants blamed their younger victims for initiating the sexual activity.

### **5.3.2. Victims selected**

In agreement with the literature (Ageton, 1983; Davis & Leitenberg, 1987; De Jong, 1989; Fehrenbach et al., 1986; Johnson, 1988), this study found that the young sex offenders typically selected younger victims, who were known to them. Consistent with the literature (Award & Saunders, 1989, 1991; Groth, 1977), this study found that young sex offenders who offended with similar aged victims were unlikely to select male victims.

Unlike Johnson's (1988) finding, there were no cases where the sexual abuse was carried out with a sibling. Johnson (1988) linked the finding that just under half of the victims selected in her study were the perpetrators' siblings, to the perpetrators limited access to victims outside their family. Johnson's (1988) sample did include younger perpetrators than the current study. However, considering that it was the sex offenders who came from the younger age sub-group that usually selected fellow school children as opposed to relatives, the age of the perpetrators did not appear to solely account for this difference in victim selection. Again, it was hypothesized that this difference might be a result of under-reporting that is frequently associated with incest (Marshall & Herman, 1998). In addition, however, the results of this study suggest that in South Africa, young sex offenders appear to have greater access to potential victims, with school peers often being

chosen. This finding suggests that these children are possibly raised in homes and/or communities that offer inadequate supervision.

### **5.3.3. Perpetrator characteristics**

#### **5.3.3.1. Demographic profiles**

The average age of the young sex offenders in this sample was 12 years. Taking the age range of the sample into account, this mean age appears to be reasonably comparable to the mean age of young sex offenders reported in the literature. The mean age of the participants in the Ryan et al. (1996) study was slightly older, being 14 years. However, this study included an older cohort of adolescent sex offenders. Johnson (1988), on the other hand, reported a younger mean age of eight years and nine months. The sample for this study, however, included perpetrators from a younger age range in that the purpose of this study was to focus on pre-adolescent and younger sex offenders.

#### **5.3.3.2. Family background**

The findings of this study are consistent with other known research studies in showing that the majority of young sex offenders come from dysfunctional family backgrounds (e.g. Ageton, 1983; Awad & Saunders, 1989, 1991; Becker et al., 1986; Burton et al., 1997; Johnson, 1988; Ryan, 1991b; Ryan et al., 1996; Smith & Israel, 1987). In particular, the current study found that the majority of the young sex offenders: were not living with both their biological parents; witnessed domestic violence; and resided with one or more parents and/or other family members who abused alcohol. It was also commonly reported that their fathers abused drugs. Compared to the international studies, this study found that a high number of the young sex offenders' male family members were reported to have a criminal record.

### 5.3.3.3. Victimization experiences

Reviews of the research literature on child and adolescent sex offenders, have found that the rates of sexual victimization in their history vary between 20 and 70 percent (Vizard et al., 1995; Watkins and Bentovim, 1992). Only 20 percent of the offenders in this study reported a history of sexual victimization. A notable finding was that in all these reported cases, the perpetrator of the young sex offender's sexual abuse was a slightly older adolescent who attended the same school as them. Two of these perpetrators were reported to be female. These two findings highlight the importance of continued research in this area, in particular extending the sample to include female perpetrators. In addition, research should begin to concentrate on the patterns and dynamics that underlie progression from victim to perpetrator in South Africa. If the cases where sexual abuse was strongly suspected are considered together with the cases where a history of sexual victimization was reported, the young sex offenders who sexually acted-out with a victim who was more than four years younger than them, were more likely, to report a history of past sexual victimization. Awad & Saunders' (1989, 1991) and Seghorn et al. (1985) also found that child molesters had an increased tendency to report a history of sexual victimization. Although sexual abuse was strongly suspected and insinuated in two additional cases, the reported rate of sexual victimization in the histories of these young sex offenders was much lower than expected. The researcher felt that this low reported rate of sexual abuse was due to the data only being gathered from one interview. A further contributing factor could have been that the interviews occurred before the offenders were placed in a treatment programme that may have assisted them in coming to terms with and being able to speak about any possible experiences of victimization.

This study also provided support for the findings that both physical victimization and witnessing domestic violence are more commonly reported in the histories of young sex offenders than sexual victimization (Awad & Saunders, 1991; Ryan et al., 1996; Williams & New, 1996). The researcher was uncertain as to whether the higher reported rates of these types of abusive behaviours were due to them actually being more prevalent within

the offenders' families or whether it was less of a family betrayal to admit these forms of abuse to the researcher.

A significant finding of this study, that does not appear to be reported elsewhere in the literature, is that the majority of young sex offenders are frequently exposed to extremely aggressive and sexual behaviours within their broader communities. Further studies are needed to explore whether this causes some young sex offenders to act-out sexually. Studies are also needed to investigate what factors mediate against other children growing up in similar environments from acting-out sexually.

#### **5.3.3.4. Sexual histories**

Data regarding the young sex offenders' history of consenting sexual experiences were also comparable with those reported by other studies (Deisher et al., 1982; Langevin, 1983 in Awad & Saunders, 1991; Longo, 1982; Shoor et al., 1966). In particular, it was found that young South African male sex offenders also regularly reported having had consenting sexual interactions prior to their sex offending behaviour; appeared sexual naive; had not received suitable sex education and did not report homosexual tendencies.

#### **5.3.3.5. Social skills and peer relationships**

This study's findings were also comparable with the literature in that some of the young sex offenders appeared to be socially isolated and presented as socially anxious (Awad & Saunders, 1989, 1991; Blaske et al., 1989; Deisher et al., 1982; Fehrenbach et al., 1986; Groth, 1977; Shoor et al., 1966). However, half the sample reported having a number of friends and came across as having adequate social skills. Investigations into the histories of these young sex offenders revealed that they had often committed a previous non-sexual criminal offense with their friends, were involved in regular fights, were more likely to abuse substances and were more likely to belong to a gang. Thus it appeared that, as Ageton (1983) found, a large number of the young sex offenders regularly socialized with

a delinquent peer group. This apparent split in terms of social isolation and peer relationships provides support for argument that young sex offenders do not constitute a single diagnostic classification group.

#### **5.3.3.6. Criminal histories**

The current study likewise found that over half of the young sex offenders had committed non-sexual offenses of a similar type of criminal activity to that reported in the literature (Awad & Saunders, 1989; 1991; Fehrenbach et al., 1986; Ryan et al., 1996). They also were similarly reported to engage in other behavioural problems (Awad & Saunders, 1989; Fehrenbach et al., 1986; Ryan et al., 1996), such as aggressive behaviour, poor impulse control and cruelty towards animals. The high incidence of reported criminal offenses and behavioural problems, provides support for the assertion that in some of the young sex offenders, the sex offense is just one form of the many antisocial behaviours in which they engage.

#### **5.3.3.7. Academic achievement and intellectual functioning**

In the literature, it has often been reported that young sex offenders have histories of poor academic achievement despite a normal range of intelligence (Davis and Leitenberg, 1987; Fehrenbach et al., 1986; Vizard et al., 1995). This study, on the other hand, found that 70 percent of the young sex offenders' general level of functioning fell in either the Borderline or the Mild Mental Retardation range of functioning. Thus, the young sex offenders' poor academic achievement at school appeared to directly correlate with their intelligence quotient.

## **5.4. Evaluation of this study**

### **5.4.1. Evaluation of the research methodology**

A significant limitation of this study is that most of the data was gathered from clinical interviews with the young sex offender and their caregiver. A problem with largely relying entirely on the participants' accounts is that the reliability and validity of this study's findings are, thus, dependent on the honesty of the participants. As research and this study's findings have shown, young sex offenders regularly deny and minimize their involvement in sexually offending behaviours. In order to obtain the most accurate account of the events, additional sources of information, when available, were consulted to validate the offenders account of the situation. However, due to the lack of a centralized system for identifying and assessing young sex offenders, this data was often not available. In addition, for much of the information required about prior offenses, histories of victimization experiences, current sexual and social behaviours, the participant and/or their caregivers were the only people who could provide the accurate information. Following Jenkins et al.'s (1994) recommendations for conducting socially sensitive research with sex offenders, informed and voluntary consent was obtained and individual confidentiality was guaranteed in order to maximize the honesty of the participants' replies to the questions. The researcher was aware of the effectiveness of this guarantee in that a number of the offenders would often mention previous sexual offenses, non-sexual offense and other behaviours that were not reported at the FGC or in other source documents. However, the researcher was equally aware that some of the participants despite the above guarantee, were not being completely honest during the interview. This could be due to their general mistrust of the guarantee or the possible shame associated with what they had done (French, 1988; Steen, 1994). A further concern with the data being gathered from clinical interviews that were not video or tape recorded, is that there was no means of checking the reliability and validity of the some of the researcher's ratings and judgments as to the participants' social skills and reactions to the referring sexual offense.

As a result of these above limitations of the research methodology, the overall reliability and validity of this study is questionable.

An additional concern about the honesty of the participants' accounts is related to the researchers use of an interpreter in 19 of the interviews. The researcher is aware that the participant may have been more intimidated by the presence of two older people than if the researcher had conducted the interviews on her own. Furthermore, the researcher had no means of verifying whether the interpreter was accurately translating the questions or conveying the participants' replies. The researcher also had no means of evaluating whether it was intimidating for the participants to speak about such sensitive issues with a female researcher. The gender of the researcher could have further limited the honesty of the participants' accounts.

Another concern with the research methodology was that due to the difficulty in obtaining research participants and the delay in the justice system's processing of such cases, a few of the participants were selected where a long period of time (with a maximum of one year) had lapsed between the referring sex offense and the interview. As a result, the reliability of the data for such interviews may have been compromised due to this long delay in the participants' retrospective account of the offense.

A final concern with the research methodology is that as a result of the difficulties in obtaining participants for this study and that it was a pilot study, only a small sample was selected. This limited the method of data analysis that could be chosen. Considering the emerging hypothesis that different typologies of young sex offenders exist, selection of a larger sample would have enabled the researcher to empirically test out this hypothesis through a factor analytic technique known as facet analysis (Canter and Welman, personal communication, 1997). Facet analysis identifies significant relationships between common factors or variables within a sample and provides an indication of their significance in the descriptive profile of the sample. Such an extension of the current study would have

yielded more reliable and valid data about the kind of young persons in the contemporary South African situation who are likely to commit a sex offense.

Therefore, if a more detailed study is conducted in this area, the following research design strategies should be considered in order to improve the reliability and validity of the information gathered: select a larger sample, avoid having to use an interpreter, define a maximum period of delay between the referring sex offense and the interview, have another clinician (of the opposite gender to the first interviewer) conduct a second interview, re-interview the young sex offender at a later stage and/or compare the information obtained at the interview with information obtained during the participant's attendance of a treatment programme. The interviews could also be video recorded and transcribed in order to determine whether the interpretation of the material is accurate and the researchers subjective evaluations are valid.

#### **5.4.2. Evaluation of the recruitment strategy**

The generalizability of the above pilot study's findings are limited because the sample represents a self-selected and voluntary group of participants. The researcher is uncertain as to how this study's profile may differ from a profile of a randomly selected sample of all the young sex offenders in South Africa. That is, a sample that in addition includes those young sex offenders whose offending behaviour has not yet been detected by the justice system or health system, those offenders who refused to give the researcher permission to conduct the interviews and the young sex offenders that the courts considered inappropriate for diversion and, therefore, were not referred to the researcher.

A final important limitation to the generalizability of this study, is that no control group was included. As a result, the researcher cannot make statements as to whether the young sex offenders in this sample are different from other children and adolescents in South Africa who engage in either no criminal behaviours or criminal activities of a non-sexual nature. It is essential that any future studies conducted in this area include a matched

control group in order to start empirically testing out whether the profile established in this study is any different from that of young people who do not engage in sex offending behaviour.

#### **5.4.3. Value of this study**

Despite the above limitations, this pilot study is the largest known study to have been carried out with such a population of offenders in South Africa. It is also the first known study in South Africa to establish a basic profile of the salient psychological and sociological characteristics that are found to occur in young sex offenders referred to both the legal system and the welfare and health system. A further strength of this study is that the participants were selected from both rural and urban areas. As a result, this study represents a concerted attempt to yield reliable and valid data about youths in South African that are likely to commit a sex offense that can be used for the identification and assessment of young sex offenders and the development of appropriate treatment programmes in South Africa. The recommendations for structural changes, assessment procedures, additional future research possibilities and guidelines for the development of appropriate treatment programmes are explored in the following chapter.

## **CHAPTER 6: RECOMMENDATIONS AND CONCLUSION**

### **6.1. Recommendations**

#### **6.1.1. Structural and assessment recommendations**

In order to shift the current attitude that young sex offenders are merely engaging in harmless 'sex play', fundamental changes need to happen both within the professional community and broader society. Some of the ideas suggested below have been influenced and refined by the discussions at the CAYStOP working group meetings and readings on programme development (e.g. Knopp & Lane, 1991).

Fundamental to streamlining the current identification, assessment and treatment of young sex offenders, is the need to establish a centralized system for dealing with such offenders. In order to accomplish this, professionals from both the justice system and the welfare and health systems have to need to co-operate and pool their resources in a joint effort to take responsibility for the appropriate treatment of this group of offenders.

It is essential that any youth, identified as having possibly committed a sexual offense<sup>1</sup>, receives a comprehensive individual and family assessment before any decision is made about the appropriate intervention strategy to embark upon. This assessment should cover all the following relevant areas, including detailed information regarding the referral sexual offense, previous sexual and non-sexual offenses, family history and personal history. Questions should be included that explore the young sex offender's early childhood, school history, peer relationships, sexual history, aggressive behaviours and exposure to aggressive and/or sexual behaviour. It is important that interviewers carry out a mental state examination. When relevant, young sex offenders should be diagnosed and medicated accordingly. Where possible psychological testing, both projective and psychometric tests, should be administered as this has proved to provide valuable information in gaining a

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<sup>1</sup> Including both hands-off and hands-on sexual offenses.

broader understanding of the accused young sex offender. It is essential that other pertinent sources of information, such as the legal dockets, hospital files, police reports, victim and witness statements, social worker reports and school reports are consulted to verify the information gathered from the individual and family interviews. This information should be consulted before interviewing the accused sex offender as it is useful in identifying and confronting their denial and minimization strategies.

It is important when carrying out the assessment of sex offenses where more than one perpetrator is implicated, that all the individuals involved are thoroughly assessed. In some of these incidents, one of the perpetrators may be judged to have instigated the offending behaviour. It is important that such instigators are identified as their treatment strategy may need to be slightly different from the co-perpetrators. An additional comment regarding important areas to address in the assessment process, is that while this study did not find any cases of sibling sexual abuse, the high prevalence of such abuse in international studies suggests that the young perpetrator's siblings should also be questioned in order to exclude the possibility that they are also being sexually abused by the offender. In situations where the perpetrator is found to also be abusing their siblings, they may need to be removed from their home environment or placed under supervision until their treatment is completed.

After the completion of the above thorough assessments, multi-disciplinary case conferences should be held in order to decide, on an individual basis, the most appropriate treatment strategy to be recommended. This could include case dismissal, referral back to the courts for prosecution or court referred placement into an suitable diversion programme for young sex offenders. As mentioned in the introduction, CAYStOP has been formed with the aim of developing such a diversion treatment programme. In the course of carrying out the interviews with the young sex offenders for this study, it became apparent that there was an urgent need for such a specialized programme to be developed. The section below will highlight the important areas that emerged from this pilot study that need to be addressed within such programmes.

A positive spin off from centralizing the process that comprehensively deals with young sex offenders is that it will allow for establishment of a large-scale database. If the data is more readily accessible and uniform, it will allow for larger-scale studies to be carried out in this pertinent area of research. Such a database would provide professionals working with young sex offenders with a constant source of reliable and valid data about the kind of youths that are likely to commit sexual offenses. In addition, it would allow researchers to begin generating and testing hypotheses regarding the etiology of such sex offending behaviour. Furthermore, a larger database would allow researchers, using a factor analytic technique known as facet analysis (Canter and Welman, personal communication, 1997), to begin to identify whether various different typologies of young sex offenders, such as those proposed by O'Brien (1985), exist. The advanced software to carry out such research has been donated to the Centre for Investigative Psychology, Rhodes University by the University of Liverpool. Such a study would allow for the better allocation of funds as young sex offenders could be more appropriately placed into streamed treatment programmes. It is also essential that the treatment programmes document their programme development and the young sex offenders who pass through their programmes in order to allow for the continued development of knowledge in this under-researched area. Such knowledge will be useful in continually improving and reforming both the treatment programmes and the legal policies that govern young sex offenders

Finally, it is essential that prevention programmes are also developed. Society needs to be educated that some young children and adolescents do engage in sexually exploitative behaviour with other children. Increasing awareness of this problem will break the current secrecy and denial of such abusive behaviour. It is likely that such education will result in greater reporting of such incidence of sexual abuse. With increased referrals, both the perpetrators and the victims can receive appropriate interventions. This will begin to make a difference in preventing the ongoing victimization of other children and possible cyclical effect of them then acting-out sexually. The educational system should be incorporated into such a primary preventative programme as it is essential that school children are

recipients of such knowledge. It is also imperative that all the above programmes are not only developed in the urban areas, but are also extended to encompassing the outlying, rural areas.

In addition, it is important that a large-scale study is carried out with the aim of establishing accurate information regarding the normative sexual behaviour of children in South Africa. This will allow professionals to more appropriately distinguish between appropriate sexual exploration and sexually exploitative behaviour.

### **6.1.2. Suggested content for young sex offender treatment programmes**

Current planning in CAYStOP has resulted in a decision to initially focus the group's efforts on providing a treatment programme that can be used as a diversion option by the courts. After the diversion programme is up and running, the group will begin to focus on developing long-term therapy groups. Young sex offenders will be referred to the diversion programme via the judicial system. Magistrates will pass a suspended or postponed sentence, on condition that the offender attends the treatment programme. Attending the treatment programme will be one component of the sentencing package. In addition, the young sex offender will be expected to carry out community service as a means of showing reparation to the community for the sex crime that they committed. After the youth has attended the treatment programme, they will be referred back to the magistrate's court with the recommendation for either further treatment, case prosecution or for the case to be closed.

It has been suggested that the diversion programmes run along similar lines as the Youth Empowerment Scheme (Van der Sandt & Wessels, 1997). It is recommended that they have a psychosocial educational and life skills development focus. Current planning is to run the groups one afternoon a week for eight consecutive weeks. The central aim of these programmes should be to encourage the young sex offenders to develop respect for others and take responsibility for their behaviour.

The high level of denial and minimizing encountered in the interviews indicates that the treatment programmes need to focus on encouraging the young sex offender to accurately disclose and acknowledge their sex offending behaviour (e.g. Marshall, 1994). The group co-ordinators will need to be trained to consistently confront the perpetrators' denial and encourage them to accept responsibility for their actions. Hopefully through this, the young sex offenders will begin to develop a sense of victim awareness and empathy. In order for this to occur, the young sex offenders will need to be encouraged to get in touch with their own feelings of powerlessness. This depth-work may only realistically occur in the planned long-term therapy groups. This study found that the young sex offenders from the younger aged sub-group were more likely to express remorse for what they had done. Thus, it appears that the sooner younger sex offenders are identified and treated, the greater the capacity exists for developing empathy.

From the above research study, it is apparent that the programmes will need to provide education in human sexuality and values. An essential component of the sex education input is the need to instill an attitude of positive and consensual sexuality. In order for this to occur, both sexual abuse and appropriate sexuality will need to be defined. Discussions around issues of equality, consent, and coercion should occur in accomplishing this. In addition, discussions should also focus on gender social constructs and sexuality myths. Input around crime awareness should also be included in these programmes. Considering that over half the offenders in this studies had also committed a non-sexual crime, the focus of these sessions should be broader than just discussing sexual offenses. A couple of sessions will also need to address self-esteem issues and social skills management. Part of this work must address anger management, impulse control and frustration tolerance. Communication and appropriate problem solving skills should also be developed. Finally, issues of relapse prevention should be introduced through encouraging the young sex offenders to accept responsibility for their past and future behaviour. At the end of the treatment programmes, young sex offenders should be informed about the long-term therapy group and/or other agencies that they can approach if they want to continue

treatment. The high level of dysfunction within the family backgrounds of young sex offenders suggests that it would be of value, as with the Youth Empowerment Scheme (Van der Sandt & Wessels, 1997), to have the offenders' caregiver(s) attend the first and last sessions of the diversion treatment programme.

It is essential that the treatment programmes developed, cater for adolescent, latency aged and pre-adolescent sex offenders. It is recommended that due to the different developmental issues, the adolescent groups runs separately to the pre-adolescent and younger aged groups. These groups will need to be run in both rural and urban areas or alternatively, transport will need to be provided in order to ensure that all young sex offenders can benefit from the specialized treatment programmes developed. A final important comment is that it is expected that a large number of the young sex offenders attending the group will have a general level of functioning that fall in or below the borderline range of functioning. It is essential that if the programmes are to be of any value to the participants that they are targeted at the appropriate intellectual level for all the group members.

## **6.2. Conclusion**

This pilot study consisted of 20 interviews with young, South African male sex offenders in an attempt to obtain a reliable and valid profile of such offenders. The descriptive profile developed in this study was outlined and compared to such profiles reported in the literature. The profile obtained in this study suggested that, contrary to past professionals' and the broader communities' attitude, young sex offenders do not represent a group of young people merely experimenting sexually. Alternatively, the current profile indicated that the young sex offenders' behaviour could be considered to be an early indicator of a developing pattern of sexual deviance. Instead of dismissing such behaviour, professionals need to use the opportunity presented at the first referral for such an offense to intervene at a stage where the youth is possibly more amenable to treatment.

Therefore, this pilot study has attempted to highlight that in South Africa the problem of sex offenses being committed by children and adolescents increasingly needs to be recognized. In order to improve the awareness, early recognition and intervention of young sex offenders, the establishment of a centralized system for identifying, assessing, and placing young sex offenders into an appropriate treatment programme needs to occur. Part of this process must include a thorough assessment of all the individuals, suspected to have committed a sex offense, prior to any decision is made regarding the appropriate intervention strategy to be embarked upon. A large-scale database, needs to be established in order to allow for the continual development of information regarding this population of offenders. In addition, this study also recommends that prevention programmes are urgently developed in order to foster community awareness around the serious nature of this problem. The value of this study, however, rests in the contribution made towards the development of appropriate treatment programmes. Finally, recommendations are made as to the areas within this field where further research is needed. In particular, a larger-scale study needs to be carried out to explore the heterogeneity of young sex offenders and the implications of different typologies for treatment strategies.

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## **APPENDIX A: Six broad classification groups of adolescent sexual offenders**

(From: O'Brien, 1985: 154-160)

### **1) Naive experimenters**

- ◇ Younger boys (aged 12 to 15).
- ◇ No previous history of acting-out problems.
- ◇ Adequate social skills and peer relationships.
- ◇ Fairly stable families.
- ◇ Unlikely to be victims of physical or sexual abuse.
- ◇ Sexually naive and unsophisticated.
- ◇ Engage in a single or a few isolated incidents of opportunistic sexual exploration with a young child (usually 2 to 7 years of age).
- ◇ Event usually situationally determined, e.g. baby sitting.
- ◇ No force or threats used.
- ◇ When confronted, may initially deny, but usually later admits responsibility, feels remorseful and embarrassed.
- ◇ Treatment: Educational Programmes.

### **2) Undersocialized child exploiters**

- ◇ Engages in sexual behaviour with younger children.
- ◇ Beyond mere experimentation and exploration.
- ◇ Manipulation and entrapment often used.
- ◇ Involves primarily fondling and oral-genital sexual contact.
- ◇ Chronic social isolation, lack adequate social skills and younger peer friendships (as they provide acceptance and admiration).
- ◇ Low self worth, feelings of inadequacy and insecurity, tendency towards withdrawal and depression.
- ◇ Rarely have a history of other antisocial behaviours.
- ◇ Unlikely to be victims of physical or sexual abuse.
- ◇ Family: Intact but disengaged. Often absent father and overwhelmed, anxious, or depressed mother. Little expression of emotional warmth.
- ◇ Treatment: Comprehensive treatment involving individual, group and family therapy.

### **3) Sexually aggressives**

- ◇ Use force or violence.
- ◇ Usually products of disorganized and abusive families.
- ◇ Involved with a delinquent peer group.
- ◇ Adequate social skills. Often charming and socially gregarious.
- ◇ Likely to have girlfriends and to be socially and sexually active.
- ◇ Acts out sexually to express anger, or to humiliate, dominate and control.

- ◇ Poor impulse control, often tense and anxious, may experience vacillation of powerful moods and emotions.
- ◇ Frequently involved in fights
- ◇ Prone to abuse substances
- ◇ Difficulty in accepting criticism.
- ◇ Overly sensitive to others' opinion of him.
- ◇ Denial and projection used to avoid accepting responsibility for his self-destructive and victimizing behaviour.
- ◇ Treatment: Inpatient or residential long-term treatment.

#### **4) Sexually compulsives**

- ◇ Engage in repetitive, compulsive sexually arousing behaviour.
- ◇ Usually hands-off behaviours, e.g. voyeurism, obscene phone calling, exhibitionism, and fetish burglary.
- ◇ Quiet and withdrawn.
- ◇ Bright and studious, over-achievement and perfectionism.
- ◇ Inability to express negative emotions.
- ◇ Families: Rigid/enmeshed, closed external boundaries and parents are often religious fundamentalists.

#### **5) Disturbed impulsives**

- ◇ Impulsive, sexually offending behaviour signifies an acute disturbance of reality testing due to mood-altering chemicals or mental illness.
- ◇ Treatment of chemical dependency and/or mental illness needed.

#### **6) Peer group-influenced offenders**

- ◇ Sexually victimizing behaviour is a function of peer pressure.
- ◇ Sex offending behaviour is usually acted out in a group setting.
- ◇ Motivation: to gain peer attention, recognition and approval.
- ◇ Normative social background.
- ◇ Little history of prior criminal behaviours.
- ◇ Perpetrator/ Group leader: can often be classified as sexually aggressives. He dilutes his responsibility by parceling it out among the other participants.

**APPENDIX B: INTERVIEW SCHEDULE: SECTION 1**

**SECTION 1: Schedule for the interview with the caregiver accompanying the young sex offender.**

**FAMILY DATA**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_ Standard: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Age: \_\_\_\_\_ Education: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone: Home \_\_\_\_\_ Business \_\_\_\_\_

Father's name: \_\_\_\_\_ Age: \_\_\_\_\_ Education: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone: Home \_\_\_\_\_ Business \_\_\_\_\_

Stepparent's name: \_\_\_\_\_ Age: \_\_\_\_\_ Education: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone: Home \_\_\_\_\_ Business \_\_\_\_\_

Marital status of parents: \_\_\_\_\_

(if separated/divorced, list year) \_\_\_\_\_

List all people living in household:

Name	Relationship to Child	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If any brothers or sisters are living outside the home, list their names and ages:  
\_\_\_\_\_  
\_\_\_\_\_

Primary language spoken in the home: \_\_\_\_\_

Other languages spoken in the home: \_\_\_\_\_

Any major illness (medical and psychological) in your family? Yes No

If yes, list illness and family member:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any history of substance abuse in your family? Yes No

If yes, list substance, family member and approximate amount consumed:

\_\_\_\_\_  
\_\_\_\_\_

Has any member of your family been convicted of a crime? Yes No

If yes, who, what and when:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### DEVELOPMENTAL HISTORY

Was the pregnancy planned? Yes No

During pregnancy, was mother on medication? Yes No

If yes, what kind? \_\_\_\_\_

During pregnancy, did mother smoke? Yes No

If yes, how many cigarettes each day? \_\_\_\_\_

During pregnancy, did mother drink alcoholic beverages? Yes No

If yes, what alcohol and how much was consumed each day? \_\_\_\_\_

During pregnancy, did mother use drugs? Yes No

If yes, what kind? \_\_\_\_\_

Were there any birth defects or complications during giving birth? Yes No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Was the child premature? Yes                      No

If so, by how many months? \_\_\_\_\_

Was the child breast or bottle fed? Breast                      Bottle                      Both

Were there any feeding problems? Yes                      No

If yes, please describe: \_\_\_\_\_

Were there any sleeping problems? Yes                      No

If yes, please describe: \_\_\_\_\_

Were there any special problems in the growth and development of the child during the first few years? Yes                      No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please indicate the age at which your child first demonstrates each of the following behaviours:

Behaviour	Age	Behaviour	Age
Sat alone	_____	Dressed self	_____
Crawled	_____	Became toilet trained	_____
Walked alone	_____	Stayed dry at night	_____
Spoke first word	_____	Fed self	_____
Put several words together	_____	Rode tricycle	_____

Has the child had any major illness (medical and psychological)? Yes                      No

If yes, list illness and age occurred: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## SOCIAL AND BEHAVIOUR CHECKLIST

Please tick any behaviours or problem areas that your child has previously had or currently exhibits. If no longer exhibits please list age last noted. Please include any additional information that seems appropriate.

Tick	Tick
<input type="checkbox"/> Difficulty with speech	<input type="checkbox"/> Has frequent tantrums
<input type="checkbox"/> Difficulty with hearing	<input type="checkbox"/> Has frequent nightmares
<input type="checkbox"/> Difficulty with language	<input type="checkbox"/> Has trouble sleeping
<input type="checkbox"/> Difficulty with vision	<input type="checkbox"/> Fire setting
<input type="checkbox"/> Difficulty with coordination	<input type="checkbox"/> Bed wetting
<input type="checkbox"/> Prefers to be alone	<input type="checkbox"/> Has poor bowel control (soils self)
<input type="checkbox"/> Does not get along well with sibling	<input type="checkbox"/> Is slow to learn
<input type="checkbox"/> Does not get along well with school peers	<input type="checkbox"/> Is clumsy
<input type="checkbox"/> Is aggressive (describe) _____	<input type="checkbox"/> Has blank spells
<input type="checkbox"/> Engages in behaviour that could be dangerous to self or others (describe) _____	<input type="checkbox"/> Is impulsive
<input type="checkbox"/> Displays harmful behaviour towards animals (describe) _____	<input type="checkbox"/> Sucks thumb
<input type="checkbox"/> Has special fears, habits or mannerisms (describe) _____	<input type="checkbox"/> Bites nails
<input type="checkbox"/> Is much too active	<input type="checkbox"/> Other (describe) _____

Who is the main disciplinarian in your family? \_\_\_\_\_

What disciplinary techniques are usually used and with what type of problem ?

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## EDUCATIONAL HISTORY

Place a tick next to any educational problems that your child experiences.

Tick	Tick
<input type="checkbox"/> Has difficulty with reading	<input type="checkbox"/> Has difficulty with other subjects
<input type="checkbox"/> Has difficulty with mathematics	(please list) _____
<input type="checkbox"/> Has difficulty with spelling	<input type="checkbox"/> Bunks school regularly
<input type="checkbox"/> Has difficulty with writing	If yes, how regularly _____
Is your child in a special education class? Yes	No
If yes, what type of class? _____	
Has your child been held back/ failed a standard? Yes	No
If yes, what standard(s) and why? _____	

Teacher's name: \_\_\_\_\_ School phone: \_\_\_\_\_

Permission to contact teacher? Yes No

## ADDITIONAL INFORMATION

How would you describe your child's personality?

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Is there any other information that you think is important for us to know about your child or family?

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## **APPENDIX C: INTERVIEW SCHEDULE: SECTION 2**

### **SECTION 2: Schedule for the interview with the young sex offender.**

#### **PRESENTING PROBLEM**

**Have the participant give a detailed, sequential description of the referring sex offense. Explore the nature of the sexual offense.**

Prior:

During:

After:

Offense:

Type:

Venue:

On own or with others:

Impulsive/ meditated:

Any ritualistic elements:

Force, bribe, threat:

Continue despite the victim protesting:

Nature of fantasies preceding event:

Thought about (masturbated) after the event:

Did you know prior to the offense that the rape would take place that day?

Did you consume alcohol and/or drugs prior to the offense? What?

Had you had a fight with someone and/or upsetting incident prior to the offense? With whom?

Did you tell anyone after the offense what had happened:

**Frequency (First time or previous offenses):**

**Victim characteristics :**

Age:

Social relationship

How did they react:

Were they sexy?

Why that person?

**Any previous offenses?** Explore. Frequency and age.

**Sexual** (including exhibitionist, voyeurism, obscene telephone calls, fingering, oral sex)

**Non-sexual** (including stolen, shoplifted, mugged, broken into a house or building)

**Have you received any evaluation or treatment for the above offense(s)?**

If yes, what, when and with whom?

**How do you feel about the sexual offense?**

Did you take any precautions to ensure that you were not caught?

How was the offense discovered?

How do you feel about the consequences to you following being caught?

What consequences do you feel your actions had on the person involved?

How did your parents and/or others react to the disclosure?

Under what circumstances do you think you could commit the same offense again?

**Any associated features?**

## **FAMILY HISTORY**

**Describe your home life and your relationship with your parents, siblings and significant others:**

**Describe your parents marriage:**

Have you ever seen your parents fight (domestic violence) and/or have sex? Explore.

**Who is the main disciplinarian in your home and how does s/he discipline?**

**Have you ever run away from home? How often? Why?**

## **PERSONAL HISTORY**

**What are the 5 most significant life events in your life:**

**What stands out for you about your early childhood:**

**What stands out for you about your schooling:**

School:

Failed:

Grades:

Position in class:

Peer relationships:

Teacher relationships:

Do you ever bunk school? If yes, how often and why?

What school and other extra-mural activities are you involved in? How often?

**When did you first learn about sex, how:**

Have you ever received sex education? Who?

Sexual knowledge:

1) How are boys and girls biologically different?

2) What happens during sexual intercourse?

3) How do women fall pregnant?

When did you first masturbate? Fantasy. Frequency. Ejaculation.

When was your first sexual experience? Age and frequency:

Kissed:

Dated:

Petted:  
Simulated sex:  
Sexual intercourse:  
Homosexual experience:  
Witnessed sexual acts:  
Exposure to pornographic material:

Have you ever experienced any sexual dysfunction? Premature ejaculation. Impotency.

What sexual experience have you had since this?

**Were you ever physically or sexually abused as a child?** Nature. Age. Who.  
**Physical Abuse:** (including punched, beaten object, hit belt buckle, cut, burnt, thrown)

**Sexual Abuse:** (including fondling, intercourse, sodomy, oral sex)

**Substance Abuse**

Do you smoke? How much?

Do you drink? What and how much?

Do you take any drugs? What and how much?

Do you sniff glue? What and how much?

**Describe your basic personality?**

How do you think others would describe you?

**Aggressive behaviour**

Are you ever aggressive towards people (threatens/intimidates others/ initiate physical fights)?

Are you ever physically cruel towards animals?

Do you own a weapon? What?

Have you ever seen violent behaviour?

Have you ever seen someone beaten up? Frequency?

Have you ever seen someone killed?

## **MENTAL STATE EXAMINATION**

### **General Appearance, Behaviour and Speech:**

#### **Affect and Mood:**

How are you feeling at the moment?

How does your future look?

Have you ever felt suicidal?

#### **Thinking:**

Do you find there is anything/anybody interfering with your thoughts (insert/ remove/ broadcasting/ blanking)?

Flow. Form.

Content.

Paranoid: Do you ever feel that someone is out to harm you? Give examples.

#### **Perception:**

Do you ever find that there is something unusual about the way things look/ sound/ taste/ feel/ smell?

Derealization?

Depersonalization?

#### **Fantasy:**

3 wishes:

Desert island:

#### **Attention and concentration:**

Serial 3's:

Similarities:

Memory: Book, Chair, Carpet, Window, Door.

Previous day's dress/supper.

#### **Intelligence:**

#### **Insight:**

#### **Judgment:**

## APPENDIX D: CONFIDENTIALITY FORM



RHODES UNIVERSITY

*Grahamstown • Gqeberha • South Africa*

PSYCHOLOGY CLINIC • Tel: (0461) 31 1296/7 • Fax: (0461) 31 1296

### CONSENT FORM

We, \_\_\_\_\_ and \_\_\_\_\_  
(care giver and child), hereby consent to being interviewed and tested by Catherine Wood for the purpose of research on Juvenile Sexual Offenders.

The interviews involve the participant being questioned about sexual and other behaviour and significant life events. Detailed information is required about the behaviour that has come to the legal system's attention. Participants should speak in general terms about other behaviour and not provide specific details of sexual acts in a way that would link them directly to events. If specific information is provided, it ethically may have to be reported. In addition to the interviews, the following psychological tests will be used: 1) Raven's Coloured Progressive Matrices; 2) Bender Gestalt Test and 3) Projective Drawing Tests.

The researcher will protect the privacy of the individuals who are the subject of the research by withholding their names from all persons not connected with the conduct of the clinical research and legal teams research. All individual identity will be disguised so as to ensure anonymity in the research report.

Signature: \_\_\_\_\_

Witness/ Researcher: \_\_\_\_\_

Date: \_\_\_\_\_

## APPENDIX E: SUMMARY TABLE OF RESULTS

		Total	Percentage
<b>Participants</b>		20	
<b>Offending age</b>		242	
<b>Mean age</b>		12	
<b>Language</b>	English	0	0
	English-Afrikaans	1	5
	Afrikaans	17	85
	Xhosa	2	10
	Other	0	0
<b>Area</b>	Urban	10	50
	Rural	10	50
<b>Referring sex offense</b>	Rape	9	45
	Attempted rape	0	0
	Sodomy	6	30
	Attempted sodomy	1	5
	Fondling - Female	4	20
	Fondling - Male	0	0
<b>No. of victims involved in referring sex offense</b>	One	16	80
	Two	0	0
	Three	4	20
<b>No. of times perpetrated with referring victim</b>	Once	12	60
	Twice	6	30
	Many	2	10
<b>Total no. of known victims</b>	One	15	75
	Two	5	25
<b>Previous Sex Offense</b>	Yes	10	50
	No	10	50
	Same offense	7	35
	Different - Fondling Female	3	15
	Different - Fondling Male	1	5
<b>Venue where Referring sex Offense Occurred</b>	Inside house - Perpetrators	4	16.7
	Inside house - Victims	1	4.2
	Inside house - Same	2	8.3
	Inside school	8	33.3
	Outside venue	9	37.5

<b>Offense carried out:</b>			
<b>On own</b>		8	40
<b>With co-</b>	One	3	15
<b>Perpetrator(s)</b>	Two	5	25
	Three	0	0
	Ten	4	20
<b>Coercion</b>	Verbal	13	65
	Physical	7	35
	Weapon	0	0
	Non-coercion	0	0
<b>Victim's gender</b>	Male	7	35
	Female	13	65
<b>Victim's mean age</b>		7	
<b>V/P Age Difference</b>	Male	5	
	Female	4	
<b>V/P Relations.</b>	Immediate family member	0	0
	Extended family member	4	17
	Friend	0	0
	Child of Parents' Friends	2	9
	Neighbour	6	26
	School mate	11	48
	School mate in same class	3	27
	Stranger	0	0
<b>Victim's reaction</b>	Cried/ shouted	8	40
	Quiet	3	15
	Nil reported	9	45
<b>Offender's response:</b>			
<b>Responsibility</b>	Full	1	5
	Half	7	35
	Little or none	12	60
<b>Empathy</b>	Full	0	0
	Half	7	35
	Little or none	13	65
<b>Remorse/ Guilt</b>	Full	2	10
	Half	4	20
	Little or none	14	70

<b>Blame</b>	Themselves	3	15
	Victim initiated	10	50
	Co-participant	8	40
	Nil	2	10
<b>Denied initially</b>		12	60
<b>Denied throughout</b>		8	40
<b>Minimized involve.</b>		19	95
<b>Reaction to being caught</b>	Shock	1	5
	Angry	7	35
	Denial	4	20
	Sorry (court case)	13	65
	Sorry (victim)	6	30
	Harmed victim	4	20
	Betrayed	2	10
<b>FAMILY HISTORY</b>			
<b>Family composition in place of residence</b>	Biological parents - Both	8	40
	Biological mother - Own	3	15
	Biological father - Own	1	5
	Relatives - Own	2	10
	Bio. parent & relatives	3	15
	Blend (with step-parent)	3	15
	Adoptive parents	0	0
	Foster care	0	0
	Boarding school	2	10
<b>Deaths</b>	Mother	2	10
	Father	2	10
<b>Mother remarried or involved</b>	Yes	6	30
	No	14	70
<b>Father remarried or involved</b>	Yes	6	30
	No	13	65
<b>Regular contact with his father</b>	Yes	13	65
	No	7	35
<b>House overcrowded</b>	Yes	12	60
	No	8	40

<b>Alcohol abuse</b>	Both	8	40
	Mother	1	5
	Father	2	10
	Step-Father	2	10
	Relatives	7	35
	Nil reported	5	25
<b>Drug abuse</b>	Both	0	0
	Mother	0	0
	Father	6	30
	Nil reported	14	70
<b>Family criminal History</b>	Father	8	40
	Uncle	3	15
	Brother	2	10
<b>Type of crime</b>	Theft & house breaking	6	30
	Assault	5	25
	Assault - Domestic	3	15
	Murder	3	15
	Dagga possession	1	5
	Rape	1	5
	Nil reported	9	45
<b>PERSONAL HISTORY</b>			
<b>Milestones</b>	Normal	6	30
	Delayed motor	3	15
	Delayed communication	4	20
	Delayed personal/ social	12	60
<b>Behavioural Problems</b>	Bed wetting	6	30
	Soiling	1	5
	Regular fights	9	45
	Occasional fights	5	25
	Tantrums/ easily angered	11	55
	Sleep difficulties	5	25
	Impulsive	9	45
	Easily distracted	3	15
	Loner/Shy	5	25
	Bags	1	5
	Cruelty towards animals	5	25
<b>Kidnapped</b>		2	10

<b>Schooling</b>	Special class	5	25
<b>Failed</b>	None	1	5
	Once	9	45
	Twice	6	30
	Three	3	15
	Four	0	0
	Five	1	5
<b>Bunks school</b>	Yes	9	45
	No	11	55
<b>Friends</b>	Loner	3	15
	Few	6	30
	Many (+ 5)	11	55
<b>Gang member</b>	Yes	4	20
	No	16	80
<b>Social skills</b>	Adequate	10	50
	Immature	4	20
	Withdrawn	6	30
<b>Sexual history (consenting)</b>	Dated	9	45
	Kissed	8	40
	Heavy petting	4	20
	Simulate sex	4	20
	Sexual intercourse	7	35
	Masturbated	6	30
	Nil	8	40
	Homosexual experience	0	0
	STD	1	5
<b>Pornography</b>	Once	4	20
	Often	6	30
	Never	10	50
<b>Sex Education</b>	Yes	6	30
	No	14	70
<b>Sexual Knowledge</b>	Poor	4	20
	Fair	10	50
	Good	3	15
	Excellent	3	15

<b>History of sexual abuse</b>	Yes	4	20
	No	16	80
	Sexual abuse suspected	2	10
<b>Who</b>	Older school mate - Male	2	10
	Older school mate - Female	2	10
<b>Witnessed sexual intercourse</b>	Once	3	15
	Often	8	40
	Never	9	45
<b>History of physical abuse</b>	Yes	6	30
	No	14	70
<b>Who</b>	Father	1	5
	Step-father	2	10
	Mother	0	0
	Uncle	1	5
	Aunt	1	5
	Other	1	5
<b>Witnessed violence</b>	Regularly in community	16	80
	Regularly at home	8	40
	Sporadically at home	4	20
<b>Witnessed someone</b>	being murdered	7	35
<b>Owns a weapon</b>	Knife	1	5
	Nil	19	95
<b>Previous criminal history</b>	Housebreaking & theft	5	25
	Stealing	5	25
	Attempted Murder	1	5
	Nil	9	45
<b>Substance abuse</b>	Alcohol	2	10
	Dagga	1	5
	Smoked cigarettes	4	20
	Sniffed glue	2	10

<b>Significant Features on Drawings</b>			
<b>Impoverished</b>		9	45
<b>Transparency</b>	Yes	8	40
	Navel	3	15
	Nipples	4	20
	Breasts	4	20
	Penis/ Vagina detailed	1	5
	Body	3	15
<b>Genital area accent.</b>		5	25
<b>Aggressive features</b>		10	50
<b>Poor impulse control</b>		5	25
<b>Intelligence</b>	High Average	0	0
<b>Classification</b>	Average	4	20
	Low Average	2	10
	Borderline	6	30
	Mild Mental Retardation	8	40
	Moderate Mental Retardation	0	0
	Severe Mental Retardation	0	0
<b>Visuomotor integra.</b>	V > IQ	7	35
<b>Vs IQ</b>	V = IQ	6	30
	V < IQ	7	35
<b>Consistent</b>	Yes	15	75
<b>Milestones</b>	No	5	25



Test: Draw-A-Person  
Participant No. 3  
Age: 11 years 1 month



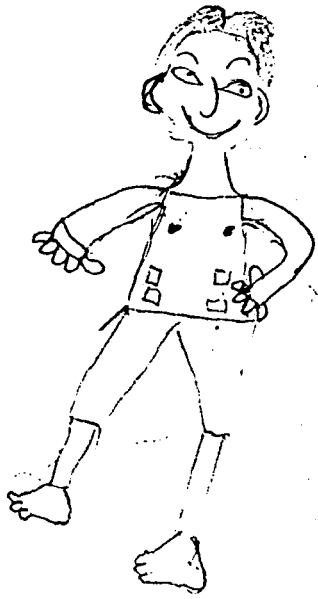
Test: Draw-A-Woman  
Participant No. 3  
Age: 11 years 1 month



Test: Draw-A-Person  
Participant No. 4  
Age: 10 years 6 months



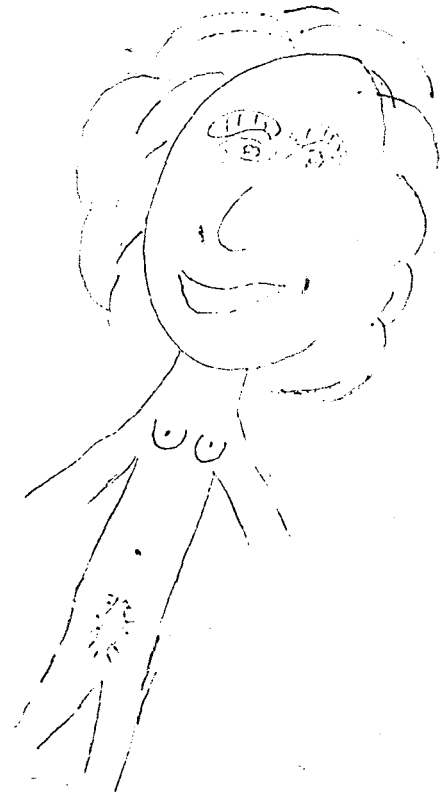
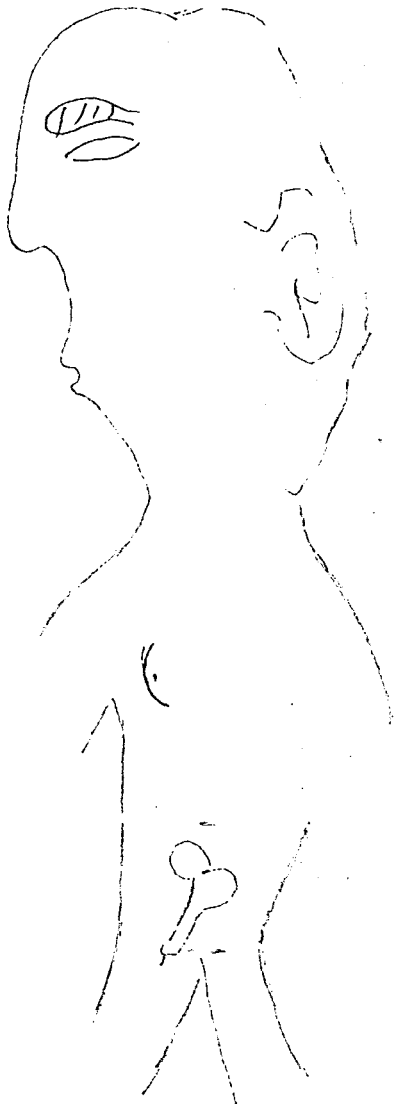
Test: Draw-A-Woman  
Participant No. 16  
Age: 14 years 9 months



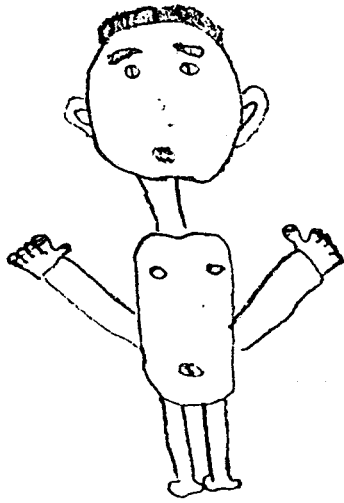
Test: Draw-A-Person  
Participant No. 8  
Age: 12 years 9 months



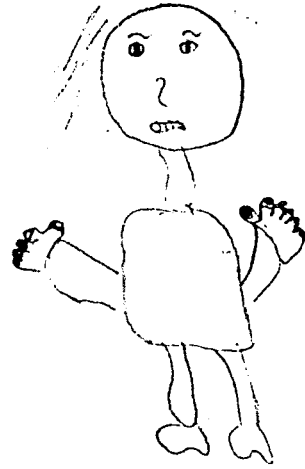
Test: Draw-A-Woman  
Participant No. 8  
Age: 12 years 9 months



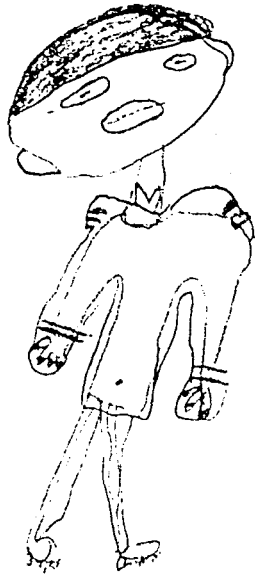
Test: Draw-A-Person and  
Draw-A-Woman  
Participant No. 16  
Age: 14 years 9 months



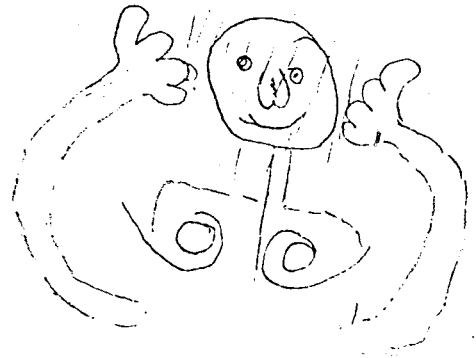
Test: Draw-A-Person  
Participant No. 15  
Age: 11 years 5 months



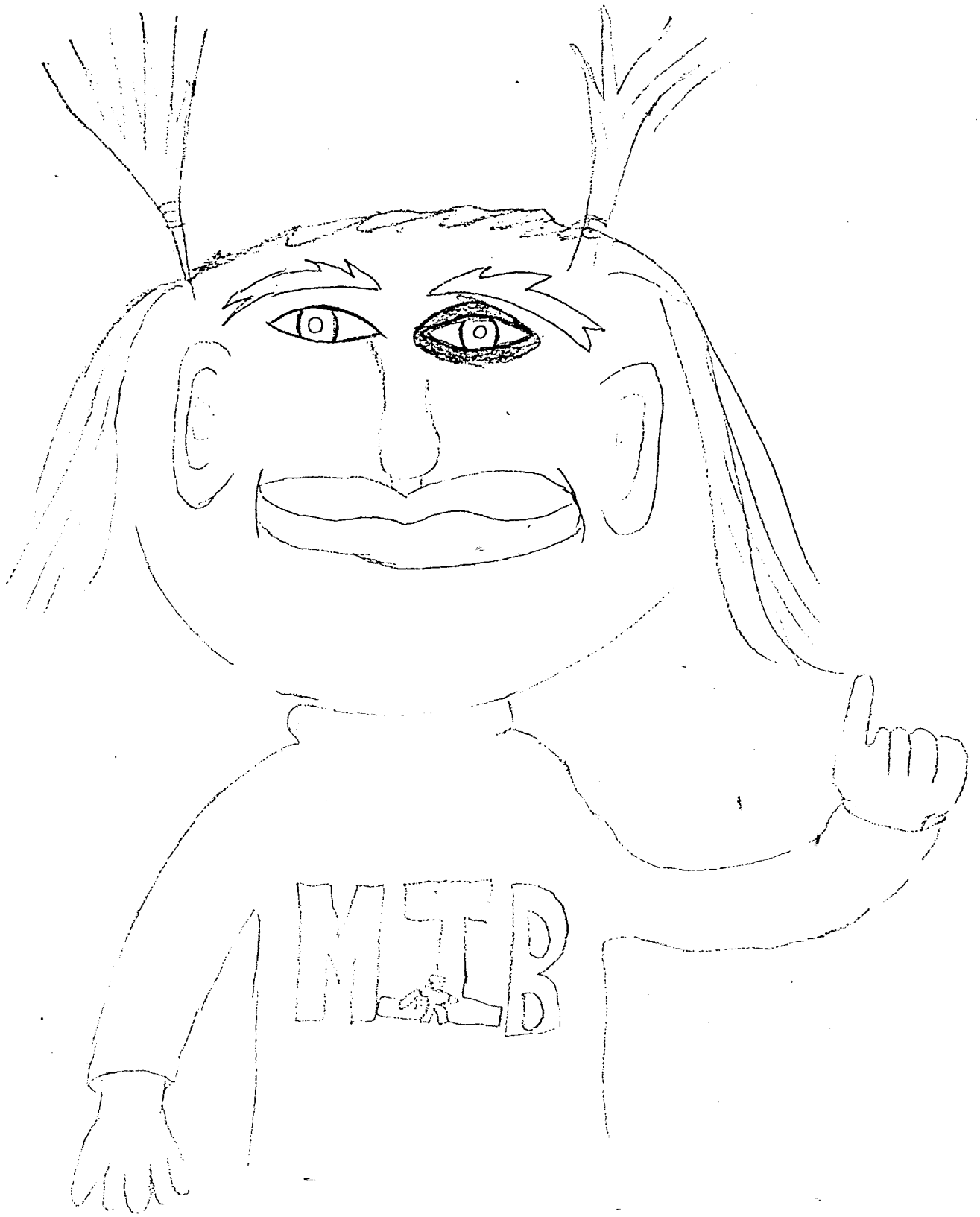
Test: Draw-A-Woman  
Participant No. 15  
Age: 11 years 5 months



Test: Yourself  
Participant No. 1  
Age: 13 years 9 months



Test: Draw-A-Woman  
Participant No. 20  
Age: 13 years 1 month



Test: Draw-A-Person  
Participant No. 13  
Age: 14 years 7 months



Test: Draw-A-Person  
Participant No. 13  
Age: 14 years 7 months

**APPENDIX G: PARTICIPANTS TEST RESULTS**

<b>Raven's Coloured Progressive Matrices Test</b>		
<b>IQ Range</b>	<b>Total</b>	<b>Percentage</b>
Below 35	0	0
35 - 49	0	0
50 - 59	6	30
60 - 69	4	20
70 - 79	5	25
80 plus	5	25

<b>Bender Visual Motor Gestalt Test</b>		
<b>IQ Range</b>	<b>Total</b>	<b>Percentage</b>
Below 35	1	5
35 - 49	1	5
50 - 59	4	20
60 - 69	3	15
70 - 79	4	20
80 - 89	2	10
90 - 110	5	25

<b>Draw-A-Person Test</b>		
<b>IQ Range</b>	<b>Total</b>	<b>Percentage</b>
Below 35	0	0
35 - 49	0	0
50 - 59	6	30
60 - 69	5	25
70 - 79	2	10
80 - 89	2	10
90 - 110	5	25

**APPENDIX G: TEST RAW SCORES**

	<b>BENDER GESTALT TEST</b>		<b>DRAW-A-PERSON TEST</b>	
	<b>Koppitz Score</b>		<b>Goodenough Score</b>	
	<b>Researcher</b>	<b>Rater</b>	<b>Researcher</b>	<b>Rater</b>
1	8	-	31	31
2	9	9	24	-
3	0	-	28	27
4	1	1	34	-
5	2	-	18	17
6	4	4	18	-
7	0	-	38	39
8	2	3	29	-
9	10	-	16	15
10	6	6	18	-
11	0	-	32	34
12	7	8	22	-
13	0	-	36	34
14	4	4	19	-
15	1	-	27	24
16	6	6	26	-
17	1	-	33	31
18	1	1	19	-
19	1	-	19	18
20	10	10	18	-
	r = 0.96 (p < 0.05)		r = 0.97 (p < 0.05)	