

Chapter 2

A Comparison to Other Deviant Groups

The literature suggests that youth who engage in SHB have both similarities and differences in comparison to youth who commit non-sexual offenses with regard to their backgrounds, behaviors, and cognitions. A majority of sexually harmful and delinquent adolescents live in single-family households (Ford and Linney 1995) and report similar levels of overall family functioning (Skilling et al. 2010). Both groups typically have a history of parental substance abuse and criminal activity (Netland and Miner 2012). In addition, both report distorted thoughts and cognitions related to their offenses and tend to be similar in their motivation to change problem behaviors (Kubik et al. 2002).

Although there are some similarities, youth engaging in SHB are more likely to differ from other delinquent youth in terms of their individual and family backgrounds. Research conducted by van Wijk et al. (2007) suggests that developmental disorders, Attention Deficit Hyperactivity Disorder (ADHD), and the development of a personality disorder may be slightly more common among sexually harmful youth while Conduct Disorder (CD) may be more commonly diagnosed in youth who commit more violent, non-sexual offenses. Sexually harmful youth tend to have less pervasive histories of antisocial behaviors and drug use, and are less likely to have a criminal record, history of prior offense, and behavior or truancy problems at school than other delinquent youth (Ford and Linney 1995; Kubik et al. 2002; Skilling et al. 2010). Moreover, compared to community samples, research suggests that family dysfunction (e.g., low parental involvement, criminal acts in other family members) is higher in families of juveniles who have sexually offended (Awad et al. 1984; Kobayashi et al. 1995). These youth are also more likely to have a history of family violence, are more likely to have experienced physical or sexual abuse as a child, (Burton 2008; Ford and Linney 1995; Zakireh et al. 2008) and are more likely to have been exposed to sex, via pornography, or viewing others engaged in sexual activity (Beauregard et al. 2004; Seto and Lalumiere 2010).

Youth who engage in SHB also tend to differ from other delinquent youth in terms of their current behavior and cognitions. Parents of sexually harmful youth report that they engage in less antisocial behavior and exhibit fewer externalizing problems in comparison to the reports of parents of non-sexually harmful youth (Kubik et al. 2002; Skilling et al. 2010). In addition, these offenders who engage in SHB have been found to have more deficits in self-confidence, independence, assertiveness, and self-satisfaction than non-offensive youth (Hunter and Figueredo 2000). Sexually harmful youth also appear to be more pessimistic and more likely to assert self-blame in their explanations for negative life-events (Hunter and Figueredo 2000). They often feel more isolated, anxious, and lonely and struggle to relate interpersonally to females (Cortoni and Marshall 2001; Miner et al. 2010). Consequently, these youth tend to perceive limitations in their ability to have a consenting sexual partner (Netland and Miner 2012).

Intragroup Similarities/Differences and Special Populations

While most of the extant literature focuses on male juvenile sex offenders, it may be useful for school faculty to have knowledge of intragroup similarities/differences and special populations: young children, females, intellectually/developmentally disabled, and youth who are offense type specific. Historically, there have not been as many specialized services available for these populations. The abusiveness of their sexually harmful behavior has either been diminished or dismissed; in other instances, it has been met with extreme reaction (Ryan et al. 2010). Some have thought it unlikely that these populations could commit sexually harmful offenses. Nonetheless, it has been indicated that these populations can benefit from treatment that addresses their life experiences, developmental history and abusive behaviors (Ryan et al. 2010).

Females Who Sexually Harm Intragroup Similarities/Differences

Several studies have compared male and female sexually harmful youth with similar findings (e.g., Bumby and Bumby 1997; Kubik et al. 2002; Mathews et al. 1997). Both males and females tend to have a history of childhood maltreatment and tend to be similar in terms of their psychosocial and criminal histories. They also are similar in terms of their SHB including offense behaviors (e.g., fondling, intercourse), offense context, relationship to victim, and level of involved coercion. Like boys who commit sexual offenses, girls who sexually harm often engage in

other forms of delinquent behaviors and evidence a range of behavior problems including sexually promiscuity, peer relationships and school difficulties are common in both genders (Righthand et al. 2001). Both genders are also comparable in terms of their clinical needs for treatment including their level of distorted thoughts regarding the offense, level of denial, and motivation to change behavior (Kubik et al. 2002; Mathews et al. 1997).

In terms of differences, female youth who sexually offend tend to have a more severe history of child maltreatment than males (Kubik et al. 2002). In addition to having high rates of abuse and trauma, Mathews et al. (1997) found that girls often come from families with a high level of dysfunction and an absence of parental support. Their family environments are described as “detrimental for the development of healthy attachments and a positive sense of self.” Girls are also more likely to have higher rates of previous involvement in mental health systems (Bumby and Bumby 1997; Hunter et al. 1993). There are a subset of female offenders who also have behaviors associated with conduct disorders, impulsivity, substance abuse, suicidal behaviors, and engage in risky sex. A subgroup of the girls also evidenced deviant sexual arousal patterns, post-traumatic stress disorder, depression, and anxiety (Mathews et al. 1997).

Literature reviews have estimated the incidence for girls who sexually offend between 2 and 11 %, much lower than their male counterparts (Righthand and Welch 2001). However, there is speculation that the incidence levels may be underestimated for females who sexually offend. It is posited that this may be because females who sexually offend often select much younger victims, use less force, and are less likely to be involved in the criminal justice system than males. Females typically have greater access to young children in day care or childcare situations, where these children may not yet have the language skills to disclose sexually abusive behaviors (Righthand and Welch 2004). Giguere and Bumby (2007) further posit that female sexual offending may be underestimated because of by sociocultural influences (stereotypes), professional biases, research limitations, and reluctance on the part of the victim to speak out.

The amount of research examining sexually harmful female youth is smaller than that of their male counterparts. Just as research has shown that sexually harmful male youth are not simply reflections of adult male offenders, research also shows that adolescent female offenders are not reflections of adolescent male offenders; they have their own distinct yet varying characteristics. Fehrenbach and Monastersky (1988) found that adolescent female offenders do not have as many conduct related difficulties outside of their sexually harmful behavior when compared to adolescent male offenders. Bumby and Bumby (2004) found that this population had “significant social maladjustment, psychological disturbance, academic performance deficits, substance abuse, delinquency, previous maltreatment or family dysfunction” (p. 372). They revealed a high rate of sexual victimization at an earlier age, with abuse committed by multiple perpetrators. Adolescent female offenders are more likely to victimize both genders and to target relatives or children they are familiar with (Bumby and Bumby 2004).

Young Children Who Sexually Harm Intragroup Similarities/Differences

Children in preschool and elementary grades may display a myriad of sexual behaviors; these behaviors may or may not be a manifestation of underlying needs, and may or not be problematic. As mentioned earlier, healthy sexual behavior in young children is a result of curiosity and exploration. Nonetheless, children may engage in a variety of behaviors and display symptoms that may be indicators of future sexually abusive behavior. Burton and Meezan (2004) applied Bandura's social learning theory (1973) to sexually abusive behavior. They hypothesized some learning paths that may give rise to sexually harmful behavior: being sexually abused, early exposure to pornography, exposure to criminality or rule breaking in the home, and witnessing domestic violence and/or other violence. Marshall et al. (1993) and Miner et al. (2010) have identified dysfunctional attachments as a contributor to sexually abusive behavior.

It was not until the mid to late 1980s that preadolescents, children 12 and under, who engaged in sexually abuse behaviors toward other children became a concern. Prior to 1985, the identification and reporting of child sexual offending was nearly nonexistent (Araji 1997). United States case reports during that time showed 208 children under 12 were arrested for rape in 1980, 18 % of which were 10 years of age or younger. By 1988, the National Center for Juvenile Justice was reporting a forcible rape rate of 0.02 cases per 1000 in children aged 10 and 11 (Araji 1997).

It is likely that the rising number of preadolescents who engage in SHB are due to increased identification rather than increased offending. One problem in relation to the recognition of these offenders may have been the natural reluctance and denial of adults to view children as sexual beings, and instead assuming they are in a period of sexual latency. This issue is further burdened by the reluctance of providers to make treatment services available to children so young (Araji 1997).

Identifying the function of a behavior can guide and influence interventions. The development of the child's belief systems, coping style, internal reactions, and behavior is impacted by their exposure and life experiences (Ryan et al. 2010). The young child may be reacting to maltreatment, a traumatic experience, a kind of victimization, a lack of stimulation, neglect, a chaotic or unsafe environment, dysfunctional relationships, inconsistent care, abnormal or unhealthy models of coping, a lack of nurturing and/or empathetic care (Ryan et al. 2010). Therefore, we posit that sexually aggressive behavior may be a type of maladaptive coping mechanism.

Despite their relative youth, young children engage in similar SHB as adolescents who sexually harm. Lane and Lobanov (1997; as cited in Ryan et al. 2010) described that some of the sexual behaviors of 5–12 year old boys they have worked with include: genital fondling, vaginal and anal intercourse, fellatio, attempted intercourse, "humping," cunnilingus, "french kisses," rubbing chests, digital vaginal and anal penetration, exhibitionism, voyeurism, rubbing penis against genitals, fondling buttocks, and object penetration. The behavior itself does

not always define whether it is abusive or not. Many of the children who engage in SHB experience abuse, neglect or abandonment, come from chaotic, dysfunctional, and/or violent households. Some have diagnoses of attention deficit/hyperactivity disorder, attachment disorders, PTSD, and mood disorders, learning disabilities, and medical problems. These children also tend to lack social competence, resulting in social isolation and lack of close friendships (Lane and Lobanov-Rostovsky 1997: as cited in Ryan et al. 2010).

While most research on SHB has focused on adults and adolescents, more attention is now being paid to younger children who also engage in SHB's. In a recent study 16 % of youth who sexually harm who came to the attention of police were younger than age 12 (Finkelhor et al. 2009). There is also a higher percentage of females who comprise this 12 and under juvenile sex offender group. Younger offenders are also more likely to offend in pairs and may have multiple victim episodes (Finkelhor et al. 2009). Younger offenders may have a strong likelihood of being a victim of sexual abuse themselves, and select victims to engage in SHB that mirror their own sexual victimization (Veneziano et al. 2000). Research suggests that these youth who have a history of victimization themselves will seek out younger male victims and may have multiple victims (Burton et al. 2002; Kaufman et al. 1996; Cooper et al. 1996). Younger offenders will often choose family members to perpetrate against rather than find victims in the community (Finkelhor et al. 2009). Moreover, younger offenders, more so than their older counterparts, have significant family histories of violence, lack of positive anger management, blurred privacy boundaries, family abuse, and parents unable to cope with the alleged abuse by the child (Araji 1997). Lastly, younger children who engage in SHB are more likely to use words to coerce their victims into complying while adolescent sex offenders are more likely to use aggression as a coercion tactic (Johnson 1988).

Other factors which may contribute to younger children engaging in SHB are absent, insensitive, sexually aroused or sexually ambivalent caregiver(s), and/or their responses to their child's experience of sexual victimization (Hawkes 2011). Neglect and maltreatment hindered the ability of the youth to contain and reflect on frightening or arousing situations. Finally, a lack of advice or reassurance by adult caregivers led to the repetition of SHB behavior (Hawkes 2011).

Similar to younger children who engage in SHB, adolescents with sexual behavior problems are a diverse group; they cross-racial, ethnic, and cultural backgrounds (Fanniff and Becker 2013). Previous research has suggested adolescents who engage in SHB tend to lack social skills, may have a conduct disorder, learning problems, depression, and difficulties inhibiting their impulses (Becker et al. 1993). Twenty two percent of these adolescents have histories of maltreatment, 14 % have histories of physical and sexual abuse, and 41 % have been exposed to intimate partner violence in the home (Fanniff and Kolko 2012). A meta-analysis conducted by Seto and Lalumiere (2010) showed that adolescents who engage in SHB had significantly higher rates of learning problems and/or disabilities. These adolescents reported more psychopathology, particularly on measures relating to anxiety and low self-esteem. Finally, adolescents who engage in SHB showed a significantly higher rate of social isolation (Seto and Lalumiere 2010).

Intellectually and Developmentally Disabled Youth Intragroup Similarities/Differences

The incidence of youth with intellectual or developmental disabilities who sexually abuse is unknown (Ryan et al. 2010). Traditionally, these youth were either incarcerated or institutionalized if they were repeat offenders. However, there are now treatment options specialized for this population. There are some who believe that youth with intellectual or developmental disabilities should not engage in any type of sexual behavior; this sometimes results in repressive or harsh responses. It is important to understand that this population has the potential for problematic and non-problematic sexual behaviors therefore it is critical that we accurately evaluate the sexual behavior of this population (Ryan et al. 2010).

There are some similarities and differences in the abusive behavior of disabled and non-disabled youth. Knopp and Lackey (1987; as cited in Ryan et al. 2010) examined 3335 offenses perpetrated by 1500 developmentally disabled youth and found that these offenses encompassed a wide range of sexually abusive behavior. Gilby et al. (1989; as cited in Ryan et al. 2010) did not find a significant difference in the overall frequency of sexual behaviors problems when comparing intellectually disabled versus nondisabled youth. However, intellectually disabled youth were equally likely to commit offenses against males and females, whereas typical youth were more likely to commit their offense against female victims. Intellectually disabled youth were more likely to perform noncontact behaviors like exhibitionism and public masturbation (Gilby et al. 1989; as cited in Ryan et al. 2010).

In terms of characteristics, Lindsay et al. (2001) found that 38 % of the 46 sexual offenders with an intellectual disability in their sample were sexually abused. Thompson and Brown (1998) also found a high incidence of victimization among this population. Many of these youth have experienced trauma, had poor attachment bonds, and come from dysfunctional families (Ryan et al. 2010). Deficient coping skill may also exacerbate the negative events this population experiences (Ryan et al. 2010). Their social skills deficits, aversive characteristics, and habits make it difficult for them to be fully accepted by peers. Intellectually or developmentally disabled youth may misinterpret or misunderstand the behaviors they see typical youth performing (Ryan et al. 2010).

Offense Type Intragroup Similarities/Differences

Researchers have also compared sexually harmful youth across the type of sexual offense committed (i.e., child, peer, sibling). Child offenders (i.e., victim is five years or younger than offender) tend to have a history of family violence. Child offenders also tend to have higher rates of physical and sexual abuse when they were young child and are least likely to have a history of a prior offense. In

comparison, youth who sexually offend against a peer, are more likely to have experienced earlier and more frequent exposure to pornographic material and tend to report learning about sex from watching others (Netland and Miner 2012). Youth who perpetrate child victims are often younger at the time of the offense, more often related and familiar with the victim, less physically violent and more likely to be of male gender (Hart-Kerkhoffs et al. 2009; Hendriks and Bijleveld 2004; Hunter and Figueredo 2000; Hunter et al. 2003). Furthermore, youth whose victims were children were also found to be less socially skilled (Gunby and Woodhams 2010; Hendriks and Bijleveld 2004; Hunter et al. 2003), displayed fewer conduct problems (Seto and Lalumiere 2006), and showed more psychosexual development problems (Hart-Kerkhoffs et al. 2009). In addition, they often suffer higher rates of anxiety and depression than youth who sexually offend adolescents or adults (Gunby and Woodhams 2010; Hart-Kerkhoffs et al. 2009).

It is estimated that approximately half of all adolescent perpetrated offenses involve a sibling (Goldman and Goldman 1988; Shaw 1999). One study comparing youth who offended against a sibling to youth who offended against a non-sibling found that sibling offenders have a higher average number of victims and begin their sexual offenses at a younger age than non-sibling offenders (O'Brien 1991). There is also research to suggest that sibling offenders are more likely to have grown up in a dysfunctional household, been a victim of sexual or physical abuse, and been exposed to domestic violence and pornography at a young age than youth with non-sibling victims (Canavan et al. 1992; Latzman et al. 2011; O'Brien 1991; Pierce and Pierce 1987; Smith and Israel 1987; Worling 1995).

Latzman and colleagues found that more aggressive family dysfunction (e.g., domestic violence) are particularly elevated in families in which siblings have sexually perpetrated other siblings. It has been speculated combining this atmosphere with an overly sexualized home environment (e.g., exposure to pornography at a young age) may make adolescents especially vulnerable for sexual violence (Latzman et al. 2011).

Racial and Ethnic Considerations

Race/Ethnicity

According to the Office of Juvenile Justice and Delinquency Prevention (2004a), it is estimated that the population of juvenile minorities will experience the most growth between 1995 and 2015 as the number of Native American youth increase 17 %, Black youth are expected to increase 19 %, Latino youth 59 %, Asian/Pacific Islander youth 74 %, while Caucasian youth will increase by only 3 %. There is little dispute that racial differences permeate the contemporary American juvenile justice system. Although black youth comprised only 16 % of all youth in the United States from 2002 to 2004, they accounted for 28 % of all youth arrests, 37 % of detained youth, 34 % of youth formally processed by the juvenile court,

35 % of youth judicially waived to criminal court, and 58 % of youth sent to adult state prison (National Council on Crime and Delinquency 2007). The persistent overrepresentation of youth of color in the juvenile justice system is consistent with empirical evidence that racial stereotypes negatively affect judgments about adolescent culpability, maturity, risk of recidivism, and deserved punishment (Graham and Lowery 2004).

In review of studies related to differences in predicting youth delinquency related to racial differences researchers have found that parenting practices predicted antisocial behavior for Caucasian youth but not for African American youth (McLeod et al. 1994). Other studies have found that urban male Caucasian youth exhibit greater substance abuse in comparison to African American youth and Caucasian youth's delinquency appear to be related to psychological problems and troubled family background whereas for African American youth, delinquency is related to social factors (Dembo et al. 1994, 1998). In a study by Taylor et al. (1994) findings suggest that racial mistrust is strongly related to a self-reported willingness to engage in delinquent behaviors among African American, Haitian, and other Caribbean Island black middle school boys. The results yielded no significant differences among the 3 groups, but when compared with non-blacks, African Americans and Haitians reported a greater willingness to violate the law even after controlling for SES. However, this finding may be due to slanted societal expectations, and the racial bias and marginalization these youth have experienced.

Race/Ethnicity and Sexual Attitudes and Perceptions

In review of other published research we strived to consider ethnicity and sexuality, sexual arousal, or sexual attitudes and perceptions towards sexual coercion in sexually harmful minority youth. Although these considerations do not specifically answer questions related to the risk assessment with sexually harmful minority youth, findings may elucidate and differentiate risk factors involved in the onset of SHB and/or the risk of recidivism in relation to racial and ethnic differences. In a study conducted by Murphy et al. (2001) they explored the relationship between offender and offense characteristics (e.g., victim gender, history of physical and sexual victimization, and race) and the interactions between these factors in the prediction of phallometrically calculated sexual arousal to deviant and non-deviant stimuli. Their sample consisted of 71 males, who engaged in SHB; 47 % were Caucasian, while the remaining 52.9 % were African American. The authors found that the most consistent predictors of sexual arousal were gender of victim (male) and race such that Caucasian subjects tended to respond more than African American subjects to sexually deviant stimuli. This suggests there are other contributing factors that play a more prominent role in minority youth offending.

Literature investigating attitudes towards sexual coercion in ethnically diverse populations is more readily available. Most studies examining sexual coercion have

focused on high school or college-aged samples, for reasons of convenience and also due to the high prevalence of sexual offenses that happen on college campuses (Currier and Carlson 2009; Kalof et al. 2001; Kalof and Wade 1995; Koss and Oros 1982; Miller and Marshall 1987; Yoon et al. 2010). Theoretical models such as Hall and Hirschman (1991) have been proposed which look at the roles of developmentally related personality traits and situational and state-dependent physiological, cognitive, and affective factors in sexual coercion. They speculated that the majority of sexual coercers may be motivated by cognitive distortions and may not necessarily have deviant personality traits or sexual arousal. In fact, it is not uncommon for this group of sexual coercers to be highly represented among acquaintance sexual coercer groups. On the other hand, sexual coercers with developmentally-related personality traits are described as having more pervasive antisocial features and more likely to recidivate (Hall et al. 2006; Teten et al. 2009).

In a study examining different courses of sexual coercion through self-report and laboratory measures in a geographic sample of 266 Asian American and 299 European American college men researchers identified four sexually coercive groups (i.e., noncoercer, desister, initiator, and persistent) with past sexual coercion being the biggest predictor of sexual coercion (Hall et al. 2006). Individuals in the persistent sexual coercers group were found to have higher levels of delinquency, hostile masculinity, and were twice as likely to engage in sexual harassment in the laboratory compared to other sexual coercer groups. Their study also found ethnic differences such that Asian Americans had higher scores on risk factors related to early family violence, acceptance of violence, and hostile masculinity when compared to European Americans while European Americans had higher level of delinquency. However, despite the presence of more risk factors, Asian Americans were no more likely to be at greater risk for sexual coercion than European Americans (Hall et al. 2000).

Child and Family Risk Factors

One of the most pertinent questions for school-based mental health practitioners is: how can I tell if an adolescent is at risk? In an attempt to answer that question, this section will review the literature on child and family risk factors in terms of abuse history, interpersonal/learning deficits, atypical sexual interests, and history of delinquent behavior.

Abuse and Early Exposure to Sex and Violence

Chaffin et al. (2002) claim that most children with sexual behavior problems have been exposed to some type of explicit sexuality. This exposure could be sexual abuse, living in a sexually explicit family, exposure graphic sexual media, a lack of

supervision or neglect, normal curiosity, or encounters with sexual behavior. Seto and Lalumiere (2010) suggest that childhood sexual abuse may be an early determinant of an “atypical developmental trajectory” with regard to interpersonal relationships and sexual behavior. However, the impact appears to vary depending on the victim–perpetrator relationship, nature of sexual abuse, duration, and timing of the sexual abuse (Burton 2003). Also, although not yet fully investigated, it has been hypothesized that there may be a trauma-related dissociation for sexually harmful youth with a history of childhood sexual abuse (Leibowitz et al. 2010) and that these youth may reenact the abuse that was done to them (Burton 2008).

Nevertheless, if there is a relationship between childhood sexual abuse and adolescents who engage in SHB, available research suggests that this may impact the onset of the behavior but not the maintenance of it (Seto and Lalumiere 2010). In fact, for youngsters who have been sexually abused, their views about sex may be strongly affected by their abuse experience, albeit the way they express these experiences through behavioral choices may manifest differently (Brown 1999). Some young people withdraw, and isolate, and may have the tendency to be victimized again in the future. Others may reveal their feelings through violence or criminality and a few may turn to abusing others. Theoretically, using social learning theory, a child who is abused may become fixated on that trauma and they act out the abuse sustained by them through experience and observation (Ryan 1989). However, only a small number of sexually victimized youths become adolescents who engage in SHB, and not all sexually harmful youth have been sexually victimized (Burton et al. 2002). However, it appears clear through the literature that youth who engage in SHB have a greater than normal likelihood of having a history of abuse either physical or sexual and in some cases both.

Previous research has asserted that SHB is a reaction to sexual abuse; it is true that sexually abused children show higher rates of SHB, however, most sexually abused children do not exhibit SHB (Silovsky et al. 2013). Therefore, we contend, sexual abuse is not always the underlying factor in the exhibition of SHB. Silovsky et al. (2013) posit that the origins of SHB in children are probably an amalgamation of individual child characteristics (language delays, developmental delays, impulsivity, poor coping skills), family problems (insufficient guidance and supervision, stress, trauma, substance abuse), the replication of coercion (harsh discipline, physical abuse, domestic violence, peer and community violence) and the imitation of sexuality. Children who exhibit SHB display a variety of sexual and nonsexual problem behaviors. These include being physically aggressive, defiant, hyperactive and disruptive. They also display a difficulty complying with rules at home, school, and or the community (Silovsky et al. 2013).

Interpersonal Skill Deficits

Research has repeatedly documented the social competency deficits that youth who sexually harm have (Becker 1990; Knight and Prentky 1993). Inadequate social

skills, poor peer relationships and social isolation are the difficulties most often highlighted (Carpenter et al. 1995; Fehrenbach et al. 1996; Righthand et al. 2001). Further, the youth's overall risk for sexually harmful behavior tends to increase the more the youth is socially isolated and reluctant to engage in interpersonal interactions with peers (Seto and Lalumiere 2010; Smith et al. 2005). Miner and Crimmins (1995) found that youth who engaged in SHB had fewer peer attachments, and felt less positive attachments to their schools compared to other delinquent juveniles. In fact, the research suggests that the primacy of isolation and poor social adjustment are distinguishing characteristics of sexually harmful youth (Righthand and Welch 2004). Lastly, Cortoni and Marshall (2001) posit that sex is often used as a learned coping response by sexually harmful youth for dealing with negative emotional states, such as loneliness and lack of intimacy.

This suggests that interventions that maximize the ability to build respectful, prosocial, interpersonal attachments may reduce the probability that youth will engage in SHB (Righthand and Welch 2004). This has significant prevention and treatment implications for school-based clinicians, e.g.: school psychologists, school counselors and school social workers, as they can build competencies around respectful, prosocial relationships to decrease the likelihood of relapse.

Atypical Sexual Interests and Attitudes

Youth with more risk factors tend to report more atypical sexual interests and attitudes (Seto and Lalumiere 2010; Smith et al. 2005). For example, youth with violent backgrounds tend to report greater levels of hypersexuality or sexual deviance and more violent behavior and fantasies than non-violent sexually harmful youth (Zakireh et al. 2008). Moreover, youth who commit multiple acts of SHB are more likely to have exhibited other inappropriate sexual behaviors such as exhibitionism, voyeurism, compulsive masturbation, use of deviant pornography, obscene phone calls, or use of erotic hotlines (Dennison and Leclerc 2011). Other variables may serve as protective factors, which intercede risk factors. Hunter et al. (2007) suggest, for example, that the adolescents' degree of emotional empathy (i.e., emotional responses to the misfortune of others) may mediate the influence of exposure to violence against females and thoughts and attitudes conducive to SHB.

History of Delinquent Behavior

General delinquency is not sufficient to understand adolescent sexual offending (Almond et al. 2006; Seto and Lalumiere 2010); however, this variable has been noted to contribute to the risk for sexually acting out behavior. Sexually harmful youth with a delinquent history are more likely to have a history of childhood abuse and maltreatment, greater caregiver substance abuse, and higher caregiver arrest

histories than sexually harmful youth without a delinquent history. Additionally, these youth have a higher rate of out-of-home placements and documented mental health histories (Seto and Lalumiere 2010). This may actually attribute to higher rates of sexually acting out as the foster care system provides easy access to other children.

Combination of Risk Factors

It is important to recognize that risk factors are not solitary; rather the variables interact to create a level of risk for sexually acting out behaviors (Smith et al. 2005). Using structural equation modeling Sigurdsson et al. (2010) investigated the impact of various risk factors on sexually harmful behaviors for males and females. For both genders, a history of sexual exploitation/abuse, prostitution, and association with delinquent peers best distinguished sexually harmful youth from their peers. For females, use of sedatives and amphetamines were also noted risk factors and for males violence in the home, frequent use of pornography, and history of sexually transmitted disease were additional risk factors (Sigurdsson et al. 2010).

Risk for Recidivism

Often juveniles who sexually offend are looked upon by society as future adult deviants. On the contrary, they are a heterogeneous group, and a unitary conceptualization should not be applied. In fact, research into recidivism suggests that the majority of adolescents who engage in SHB do not progress to convictions for sexual offenses in adulthood (Nisbet et al. 2004; Rubinstein et al. 1993; Sipe et al. 1998; Worling and Curwen 2000). However, they are six times more likely to be arrested for non-sexual recidivism than for sexual offences; varying from 37 to 89 % (Caldwell 2002). Due to the frequent misconception that sexually harmful youth evolve into adult pedophiles, it is imperative for school-based mental health practitioners to understand recidivism risks for both sexual and non-sexual offenses.

Although mental health providers, along with school providers make every effort to prevent a re-offense of SHB, we would be remiss without discussing the literature surrounding the likelihood of these youth to re-offend. There are few reviews of the risk factors of the persistence of SHB in youth offenders, and the most important studies have been qualitative in nature (e.g., Caldwell 2002; Carpentier et al. 2005; Zimring 2004). However, Worling and Långström (2006) recently reviewed the empirical and professional literature on youth and classified the risk factors of sexual recidivism into groups based on their potential predictive value as noted by previous research. Based on this review, they identified consistent empirical factors that contribute to deviant sexual interest (e.g., interest in prepubescent children, or

sexual violence). These factors include: prior engagement in SHB, engaging in SHB against more than one victim, having a stranger victim, being socially isolated, and failing to complete treatment. Worling and Långström cautioned, that although the assessments suggest impulsivity, antisocial personality, association with negative peers, using threats or weapons while engaging in SHB, history of interpersonal aggression, living in a high-stress family environment, or living in an environment supportive of SHB, may be predictive of violent or non-violent recidivism, however, these factors have not been consistently shown to be good predictors of sexual recidivism.

Worling and Långström (2006) found that the recidivism rate for youth engaging in SHB was about 15 % using a new charge as a criterion to define recidivism, and about 14 % when using more conservative criteria such as convictions and court records. Caldwell (2002) reported, on average, sexual crimes accounted for about 25 % of the detected recidivism, suggesting that youth who sexually harm are generalists in their offending. Similarly, Worling and Långström found that the average general recidivism rate (i.e., any crime type) for youth offenders was about 42 %, or about 3 times higher than reported for sexual recidivism (Weinrott 1996; Zimring 2004). Lastly, based on the previous reviews, it appears that there is much heterogeneity across studies as to the general and the sexual recidivism rates of juvenile offenders. For example, Caldwell found that if the general recidivism rates vary between 2.8 and 90 % across studies, it varies between 1.8 and 19.6 % for sexual recidivism (Weinrott 1996; Worling and Långström 2006).

Predictors of Sexual Recidivism

At present we are limited to small effect sizes with a limited sample when exploring specific predictors related to sexually harmful youth and recidivism. However, in line with studies of nonsexual youth and those of adult sex offenders, information related to criminal history (i.e., prior sexual and prior nonsexual offences) was significantly related to reoffending. This is supported by longitudinal studies that have shown recidivism rates tend to increase over successive convictions (Farrington 2003). Interestingly, risk factors relating to victim characteristics were the strongest predictors of sexual recidivism. For example, a stranger victim, a child or adult victim, and a male victim were all significantly related to reoffending. Perpetrating against a stranger, extra-familial, pre-pubescent male victim are important risk factors for sexual recidivism into adulthood (Lussier et al. 2005).

In recent recidivism studies on sexually harmful behavior, both dynamic and static risk factors are important considerations. Sexual deviancy and antisociality were both hypothesized to be related to sexual recidivism, and predictive of a re-offense, however, these two indicators were found to be lower predictors in youth than in adult sexual offenders (Hanson and Morton-Bourgon 2009). Therefore, it is premature to conclude that the above predictors are of statistical

relevance at all, especially when we think of youth as developing their sexual preferences, which is very difficult to measure. Youth sexual development, as well as their personality are developing during adolescence, thus they often have very changeable characters (Waite et al. 2005).

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Sexually Harmful Youth

Successful Reintegration to School

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