

Types of Juvenile Sex Offenders

Naïve Experimenter is typically a younger teen with little history of other difficulties and relatively healthy family system. Motivated primarily by curiosity and with small numbers of victims, this offender takes advantage of situational opportunities versus planning offenses against children and uses very little threat or force. Therapeutic goals are to achieve accurate accountability for the incidents and nature of wrongdoing, educate the youth around healthy sexuality, clarify the incidents with victims, and monitor accountability in the offender's lifestyle. This offender can often be treated in outpatient psycho-educational programs.

Under-socialized Child Molester is an isolated and socially inadequate individual who gravitates towards younger children, who do not trigger feelings of inadequacy or insecurity, as a substitute for unmet social and intimacy needs. He may have multiple victims of either sex. This offender uses manipulation, force, trickery, enticement, and threats to gain compliance and silence from victims. With little history of non-sexual acting out, and little history of drug and alcohol use, this offender may be acting out learned sexual arousal patterns to meet mastery, control, or pleasure needs. Low self-concept and negative emotional patterns often require this offender to be treated in intensive long term offense specific programs. Out of home placement is often necessary for sibling incest offenders and when containment in the community is difficult to achieve. Social skills, assertiveness, communication, and problem solving skills are important aspects of treatment, along with individual, group, and family therapy. Arousal restructuring therapies are important to address reinforced deviant arousal patterns that result from habitual use of sexual behavior as a primary self-soothing strategy.

Pseudo-Socialized Child Molester appears intelligent, charming, and socially confident at first and may become arrogant, manipulative, and imperturbable with continued contact. A history of lying and manipulation will be apparent upon inspection, though obvious reports of behavior problems may be rare. This offender is likely to have some history with drugs and alcohol, and may have multiple victims of either sex. He is motivated by a self-centered interest in his own pleasure and often attempts to characterize his offenses as mutual or consensual. He avoids acknowledgment of the elements of exploitation, disregard, and disdain inherent in his behavior towards others. Physical and social pleasure from repetitive inappropriate sexual behavior may lead to persistent deviant arousal, and a tendency to use of sexual behavior to reduce tension and/or fulfill non-sexual needs. This offender will charm both therapists and group members, though the more pathologically narcissistic individual will have difficulty sustaining relationships due to his lack of remorse and empathy. Rationalization and compartmentalization are primary defensive strategies for this offender, and parents have been known to protect him from having to be accountable. Successful treatment and may require intensive long term residential treatment to remove his defensive mask and address underlying vulnerabilities and characterological issues.

Sexual Aggressive often comes from a severely disorganized and dysfunctional family system, and displays a variety of sexual and non-sexual problems, including school problems, drug and alcohol involvement, family problems, authority problems, and impulse control problems – all of which result in an obvious history of anti-social behaviors. This offender is often socially charming and gregarious and, like the pseudo-socialized child molester, will attempt to “con” his way through treatment. This offender lacks remorse and empathy, and has a broad ranging victim profile in which he uses sexual behavior to address sexual as well as non-sexual needs such as power and control or retaliation. He may use aggression, force, manipulation, trickery, threats, and enticement to gain compliance and silence from victims, and is known to be non-responsive to victim's pain and resistance. This offender is most dangerous when he links sexual arousal to violence to a degree that violence itself becomes sexually arousing and can be used to enhance sexual pleasure. Persistent deviant arousal, coupled with authority problems and lack of sincerity and regard for others, make this offender very difficult to treat successfully and requires intensive long term residential treatment in a well supervised setting. Treatment must address characterological issues as well as anger, relationships, and sexual arousal.

Sexual Compulsive engages in repetitive sexually arousing behavior in a compulsive, addictive or ritualistic manner. Offenses are often non-touch (peeping, phone-calling, exhibitionism, or pornography), but may be contact oriented (frotteurism, touching sleeping victims, or overt sexual behavior). Offenses are solitary and planned with the goal of experiencing a reinforcing mood swing to reduce anxiety or tension prior to acting out. Acts are often followed by masturbation to orgasm, and may escalate in seriousness over time as the offender becomes desensitized and requires higher levels of stimulation. Treatment is similar to that for other compulsive and addictive problems – cognitive-behavioral examination of sequence of events and planned alternatives. This offender often comes from a rigidly enmeshed family system that has difficulty expressing negative emotions, and family therapy is often an important component of treatment. Individual and group therapy is important to establish adequate social and emotional skills, and residential placement may be necessary to stop persistent acting out or protect victims.

Disturbed Impulsive sex offender acts out in sudden and unpredictable ways. Poor inhibitory controls are apparent and may result from severe psychological disturbance, thought disorder, or substance use. This offender is typically isolated and unhappy, and offenses can range from single uncharacteristic incidents to bizarre ritualized acting out against children or adults. Residential treatment is required to stabilize and assess underlying factors related to abusive behaviors. Medication may be necessary to improve reality testing and relieve psychiatric symptomology.

Group Influenced sex offender acts out in isolated incident that occur in a group context. He is typically a teenager with little previous contact with legal and mental health systems. He may participate in inappropriate sexual behavior as a result of peer group expectations or to gain approval or attention. This offender often has adequate social skills though inadequate judgement and empathy. Sexuality education, empathy development, and peer resistance skills are important components of treatment that may be address in an outpatient setting if adequate supervision and safety can be assured.

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