A comparison of adolescent sexual offenders and non-sexually offending juvenile delinquents on familial, sexual and social variables

Heidi Elizabeth Nagel  
*University of Nevada, Las Vegas*

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A COMPARISON OF ADOLESCENT SEXUAL OFFENDERS 
AND NON-SEXUALLY OFFENDING 
JUVENILE DELINQUENTS ON 
FAMILIAL, SEXUAL AND 
SOCIAL VARIABLES

by

Heidi Elizabeth Nagel

A thesis submitted in partial fulfillment 
of the requirements for the degree of 
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in 
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The Thesis of Heidi Elizabeth Nagel for the degree of Master of Arts in Clinical Psychology is approved.

Chairperson, Jeffrey M. Kern, Ph.D.

Examiner, Don D. Diener, Ph.D.

Examiner, Christopher Kearney, Ph.D.

Graduate Faculty Representative, Terrence Meithe, Ph.D.

Dean of the Graduate College, Ronald W. Smith, Ph.D.

University of Nevada, Las Vegas
August 1996
ABSTRACT

Adolescent sexual offenders (n=27) were compared to non-sexually offending juvenile delinquents (n=23) on familial, sexual and social variables. The two groups were demographically similar and did not differ significantly on a measure of perceived family environment. It was hypothesized that the two groups would be similar on familial and social variables; that is, both displaying similar levels of perceived dysfunction. It was further hypothesized that the two groups would differ significantly on measured behavioral and cognitive constructs defined as sexual deviance. Non-sexually offending juveniles obtained significantly higher levels of delinquent behaviors whereas the sexual offenders obtained higher levels of internalizing behaviors on the social measure. The sexual offenders correctly indicated their sexually deviant preferences for child victims whereas the non-sexually offending delinquents indicated significant interests in bondage/discipline and Sado-masochism.

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A Comparison of Adolescent Sexual Offenders and Non-sexually Offending Juvenile Delinquents on Familial, Sexual and Social Variables

Introduction

In this review, various characteristics associated with adolescents who commit sexual crimes will be described to more clearly present a modal adolescent sexual offender. This information will be discussed to delineate variables that are correlated with sexually aggressive behavior among adolescents. Further, such delineation will seek to investigate hypothesized differences between types of sexual offenders (e.g., child molesters, rapists) and among sexual offenders as a group and non-sexually offending, but delinquent, youth. Such information has important implications for both clinical and dispositional decisions related to this population.

From this point forward, the adolescent offender will be referred to in the masculine. The majority of adolescents identified or arrested as sexual offenders are male (Hall, Hirschman, Graham & Zaragoza, 1993;
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Davis & Leitenberg, 1987); therefore, this usage is not intended to imply any sexist bias. Where female offenders are discussed, gender differentiation will be noted.

**Incidence**

Over the last 10 years, there has been an increase in the amount and quality of research focusing on the adolescent perpetrator of sexual crimes. Prior to that, however, most of the literature focused on the adult sexual offender. Focus on the adult offender and the concomitant lack of focus on the juvenile offender may have been due to several factors. First, clinicians, parents and, oftentimes, the parents of the victims themselves, tended to view the adolescent who perpetrated sexual crimes against others as a gangly, inexperienced and socially inept youth seeking to explore his burgeoning sexuality (Becker, 1990; Davis & Leitenberg, 1987; Fehrenbach, Smith, Monastersky & Deisher, 1986; O'Brien & Bera, 1986; Groth & Loredo, 1981; Groth, 1977). However, an ever increasing number of general violent crimes can be attributed to adolescent perpetrators (Uniform Crime Report, 1991).
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Based on criminal justice statistics collected by the Federal Bureau of Investigation, juvenile arrest rates for violent crimes are at the highest level recorded since 1965 (in 1990, 430 arrests per 100,000 juveniles) (Uniform Crime Report, 1991). Additionally, this rate is 27% higher than similar data collected in the 1980's (Uniform Crime Report, 1991). Moreover, these percentages do not simply reflect the arrest rates of disadvantaged minority adolescents living in urban areas; juvenile arrests rates have shown significant increases across both ethnic and socioeconomic strata (Uniform Crime Report, 1991). For example, the Uniform Crime Report (1991) states that adolescents under the age of 18 were responsible for 16% of all forcible rapes; additionally, adolescents under the age of 15 were responsible for 6% of all forcible rapes. Further, arrest data for sexual offenses other than forcible rape and prostitution indicate that adolescents under 18 years of age were responsible for 18% of these types of sexual offenses. Additionally, adolescents under 15 years of age were responsible for 9% of these offenses.
Statistics gathered from law enforcement agencies reflect a very narrow definition of sexual crimes (e.g., almost strictly limited to forcible rape or "the carnal knowledge of a female forcibly and against her will" [Uniform Crime Report, p. 23]) thus neglecting such crimes as child molestation, sexual sadism, forcible rape involving digital or foreign object penetration, voyeurism, etc. (Becker, 1988). Additionally, law enforcement data reflect only arrest and conviction data; that is, they do not provide any information about violent and/or sexual crimes which are never reported to law enforcement personnel.

Frequently, either the victim or the victim’s family may be reluctant to press charges against an adolescent perpetrator for a variety of reasons: as mentioned previously, many people continue to believe that the adolescent may merely have been exploring his burgeoning sexuality in, albeit, an inappropriate manner (Fehrenbach et al., 1986; Groth & Loredo, 1981; Groth, 1977). Alternatively, the victim and his or her family may fear disclosure and the attendant stigmatization associated with reporting a sexual crime.
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(Ryan, 1991). Further, in some instances, the perpetrator may be known to the victim's family or be a family member (Groth & Loredo, 1981).

To compensate for the limitations associated with arrest report data, Brown, Flanagan and McLeod (1990), utilized arrest data and estimates of crime victimization to find that 20% of all rapes and 30% to 50% of all cases of child sexual abuse may be attributable to adolescent perpetrators. Moreover, information obtained from a child sexual abuse victim agency, reported that in 56% of the child molestation cases, the perpetrator was an adolescent under 18 years of age (Thomas, as cited in Groth & Loredo, 1981). Additionally, Ageton (1983) surveyed adolescents aged 13 to 19 years (N=863) and found that 4% committed one or more sexual assaults within the previous year. However, this study has been criticized for overestimating levels of self-reported sexual assault due to the nature of the definition utilized in operationalizing sexual assaults and coercive sexual acts (Davis & Leitenberg, 1987; Becker, Cunningham-Rathner & Kaplan, 1986). That is, several researchers...
criticized Ageton's results due to the overly broad definition utilized to define the behaviors which constituted sexual assault.

Thus, based upon the comparison to arrest and conviction data, victim report data indicate that sexual offenses perpetrated by adolescents represent a larger problem than previously hypothesized vis à vis law enforcement statistics.

The increase in perpetration of sexual crimes by adolescents, whether evidenced through arrest or victim report data, has led to a concurrent increase in research into sexual crimes committed by this population. Moreover, stimulus for the study of adolescent sexual offenders is found in the studies of adult sexual offenders. Specifically, many adult offenders report having committed their first offenses in their adolescent years (Marshall, Barbaree & Eccles, 1991; Fehrenbach et al., 1986; Longo & Groth, 1983; Lewis, Shankok & Pincus, 1981; Groth, 1977).

For example, Longo and Groth (1983), in a study of 231 convicted adult rapists and child molesters, found that 24% engaged in exhibitionism and 54% engaged in
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voyeurism during adolescence. Additionally, 35% of the total sample reported escalating their sexual crimes from nuisance crimes to more serious, violent crimes for which they were later incarcerated. Further, Groth, Longo and McFadin (as cited in Groth & Loredo, 1981) reported that 47% of convicted rapists committed their first sexual assault between the ages of 8 and 18 years with 16 being the modal age. Lastly, Marshall and his colleagues (1991), in a study of 129 nonfamilial and familial child molesters, found that 53% engaged in sexual fantasies about children prior to age 20; 22% stated that these fantasies preceded the actual sexual offense. Further, 38% reported that they committed their first sexual offense prior to age 20.

The results of these studies, combined with incidence levels indicating the prevalence of adolescent sexual offending, provide support for the need to identify characteristics associated with the adolescent offender. That is, offenders evincing such characteristics may require clinical interventions of differing types or magnitudes. Thereafter, interventions may be provided during a developmental
time period where the adolescent is more amenable to change as well as aiding in eventual clinical and dispositional decisions (Groth & Loredo, 1981).

Adult and adolescent sex offender populations are characterized by extreme heterogeneity (Becker & Hunter, 1993; Knight & Prentky, 1993; Fehrenbach et al., 1986). Thus, research has focused primarily on descriptive studies of adolescent sexual offender populations. For example, Becker, Harris and Sales (1993), found that 73 articles focused specifically on adolescent sexual offenders of which 59% were descriptive studies. Moreover, only 7% (n=5) of the studies utilized random sampling methods and/or a control group of some type (e.g., non-sexually offending juvenile delinquents or a normative sample of adolescents).

Despite this, Knight and Prentky (1993), delineated relevant taxonomic models with sex offender populations and stressed the importance of these descriptive studies, in addition to the utilization of theoretical foundations, for developing typologies relevant to adolescent sexual offender populations.
Specifically, Knight and Prentky (1993), indicated the importance of empirically subdividing heterogeneous samples of sex offenders into more homogenous subgroups. Such divisions may clarify etiology, improve predictability and provide greater accuracy in dispositional decisions (Knight & Prentky, 1993). By utilizing descriptive dimensions found in a review of the extant literature pertaining to adolescent sexual offenders, Knight and Prentky (1993), found eight major discriminating dimensions. These dimensions were: family environment, sexual history and adjustment, social competence, behavioral problems, neurological and cognitive problems, school achievement, level of force and physical injury to victims, and ethnicity of perpetrator. These variables appear to characterize different, more homogeneous subgroups of adolescent sexual offenders. Other authors have divided their samples of adolescent sexual offenders along similar dimensions (Becker & Hunter, 1993; Hall et al., 1993; Awad & Saunders, 1991; O'Brien, 1989; Davis & Leitenberg, 1987; Fehrenbach et al., 1986; Becker et al., 1986; Saunders, Awad & White, 1986). For a
complete review of descriptive categorizations of adolescent sexual offenders not included here, see Davis and Leitenberg (1987) and Fehrenbach and his colleagues (1986).

Knight and Prentky (1993) stated that, despite similarities among various empirical studies, descriptive dimensions were minimally informative due to poor methodological construction; such concern with methodological limitations has been voiced elsewhere in the literature (Hall et al, 1993; Davis & Leitenberg, 1987). However, despite these methodological problems, a review of descriptive variables found to be most discriminating by Knight and Prentky (1993) aids an understanding of the measurement instruments utilized here. Thus, primary descriptive variables which differentiate subgroups of adolescent sexual offenders will be reviewed.

Descriptive Constellations

Family Environment

Violent adolescent offenders may have a greater likelihood of having been the victim or witness of abuse (e.g., emotional, physical, sexual) in the
familial context than adolescents who do not commit sexually aggressive acts (e.g., spousal abuse, sibling abuse, etc.); (Hall et al., 1993; Knight & Prentky, 1993; Davis & Leitenberg, 1987; Fehrenbach et al., 1986). Additionally, being the victim of a neglectful environment has been hypothesized as occurring more frequently or of being of etiological significance in the histories of adolescent offenders versus other groups of adolescents (Davis & Leitenberg, 1987). However, limited evidence supports the hypothesis that adolescent sexual offenders experience or witness more abuse and/or neglect than other adolescent offenders or normative samples of adolescents. This finding may be due, in part, to the pervasiveness of uncontrolled studies utilized in these empirical analyses (Davis & Leitenberg, 1987). Moreover, no description is made of how such abuses influence sexual offending behavior (Davis & Leitenberg, 1987). Despite this, the following studies may provide some illumination into this particular constellation, in addition to other constellations, which have been found to be highly correlated with sexual offending behaviors in
Fehrenbach and his colleagues (1986) conducted the largest (N=305) study of adolescent sexual offenders to date. Their study focused primarily on descriptive data such as offender and offense characteristics. Based on interview data and review of historical documents (e.g., criminal reports, victim statements, medical reports) from the 286 male adolescent sexual offenders, 11% reported a history of sexual abuse, 16% a history of physical abuse and 7% a history of both physical and sexual abuse. However, Fehrenbach did not specify who was responsible for abusing these subjects.

Fehrenbach and his colleagues (1986) further found that indecent liberties (22%), rape (20%) and hands-off offenses (7.5%) were the primary offenses against this group of adolescents. Among the female sex offenders (n=8) included in the Fehrenbach et al. (1986) sample, 38% reported a history of sexual abuse.

In a study of 67 outpatient male adolescent sexual offenders, Becker and her colleagues (1986) found that 16% reported a history of physical abuse and 17.9% a history of sexual victimization. Conversely, O'Brien
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(1989), in a study of male adolescent sibling incest offenders, found that incest offenders have a disproportionately higher level of past sexual victimization (22%) than child molesters (14%) or nonchild offender groups (2.7%). Additionally, the incest offender group displayed the highest level of physical abuse (61.2%) than either the child molesters (44.6%) or nonchild offender groups (36.8%). O'Brien reported no significant differences between any of the groups on familial chemical abuse. However, chemical abuse did occur in the majority of each type of offender’s family (O’Brien, 1989).

Hsu and Starzynski (1990) compared adolescent rapists and sexual assaulters across psychiatric and physical conditions, victimology and family status. They found that both groups of families displayed severely disturbed functioning (e.g., alcoholism; presence of psychiatric pathology; sexually abused parents; suicide of a parent). Moreover, both groups had prior histories of abuse and neglect from their primary caregivers.

Additionally, Saunders, Awad and White (1986)
compared adolescent offenders on a variety of variables based on the type of offense committed. Three groups were identified: a) those committing "courtship" disorders (e.g., exhibitionism; voyeurism; obscene phone calling); b) those committing sexual assaults; and c) those committing pedophilic acts. Those offenders who committed courtship offenses came from significantly less disturbed families than sexual assailters or pedophilics. Moreover, the sexual assailter and pedophilic groups showed significant levels of family disturbance, but not of similar types.

In a study focusing strictly on the abuse history of incarcerated male adolescent sexual offenders, Benoit and Kennedy (1992) found no statistical difference in either the frequency or intensity of physical or sexual victimization among their sample when the group was subdivided according to the types of crimes committed (e.g., non-aggressive offenders, aggressive sexual offenders, female victim molesters and male/female victim molesters). Previous studies indicate that child molesters typically demonstrate higher levels of sexual abuse than other sexual
offender groups (Awad & Saunders, 1991; Fehrenbach et al., 1986). However, support for this hypothesis was not found by Benoit and Kennedy who conclude that sexual and physical abuse do not appear to be sufficient conditions from which to begin sexually victimizing others. They did conclude, however, that all four groups showed significant impairment in sexual identity.

Familial dynamics are, thus, one component potentially contributing to sexual offender status. Indeed, Groth and Loredo (1981), in cumulative studies of adolescent sexual offenders, found familial dynamics to be crucial in the assessment of juveniles who commit sexual crimes. In particular, they stated that family interrelationships should be investigated especially in regard to dynamics that might precipitate an actual sexual crime. Specifically, whether the offense is ignored, minimized, or rewarded is an important consideration in assessing adolescent sexual offenses (Groth & Loredo, 1981). However, it is clear from the studies mentioned that other groups of disturbed youth (e.g., juvenile delinquents; nonviolent offenders;
assaultive offenders) also come from families characterized by poor parenting skills, poor communication patterns and negative interactions. Yet, in many cases, these adolescents do not go on to commit sexual offenses. Moreover, there are, presumably, adolescent offenders who come from families without histories of abuse who go on to commit sexually aggressive offenses.

Sexual History and Adjustment

Familial environment may play a significant developmental role in the histories of adolescent sexual offenders, but little information is available regarding the specific development of sexually deviant interests and behaviors. However, information obtained from adolescent sexual offenders and other collaborating sources (e.g., police reports, victim statements, parental report, etc.) pertaining to their sexual histories and adjustment may provide some illumination.

Empirical studies primarily address three sexually-oriented domains in the study of adolescent sexual offenders: a) prior sexual victimization; b)
deviant sexual arousal patterns; and c) prior non-deviant and deviant sexual behavior (Knight & Prentky, 1993; Davis & Leitenberg, 1987).

While the incidence of prior sexual victimization was discussed in the previous section, other factors related to sexual victimization may be relevant to the development of sexually deviant behaviors. Groth and Oliveri (1988), as well as other authors (Becker, 1990; Davis & Leitenberg, 1987; Fehrenbach et al., 1986; Groth & Longo, 1983; and Groth & Loredo, 1981) theorized that unresolved sexual trauma or abuse might lead adolescents to perpetrate sexual crimes. The victimization of these adolescents would not necessarily have to be in the form of having been the victims of sexual abuse themselves. Instead, such victimization could take the form of (1) witnessing sexual violence (i.e., the son who regularly sees his mother submit to violent sexual advances from his father or the son who witnesses his prostitute mother regularly entertain male clients in the home), (2) having been sexually humiliated by a significant person or caretaker (i.e., a babysitter or step-father), or
(3) having grown up in a home characterized by undeservedly punitive attitudes towards normal and natural sexual exploration on the part of the child (e.g., forbidding or punishing the exploration of the genitals); (Groth & Oliveri, 1988). Moreover, such abuse would not necessarily have to be sexual in nature but could also be in the form of physical and/or emotional abuse or neglect. Such trauma would typically not have occurred during a single instance but would have been of a chronic nature.

While prior sexual victimization may contribute in some way toward sexual offending behaviors, difficulties in design construction (e.g., a lack of matched control groups of adolescents) combined with varied results in the existing literature (e.g., reports of equivalent abuse in other nonsexual delinquent groups) prevent a decisive conclusion on this particular dimension’s contribution to sexual offending behaviors.

Deviant sexual arousal patterns are thought to be instrumental to sexually deviant behavior (Becker & Hunter, 1993; Davis & Leitenberg, 1987). Additionally,
Prentky and Knight (1993, as cited in Knight & Prentky, 1993) found deviant sexual arousal patterns to be the most consistent discriminator of a propensity to engage in sexual offending behaviors.

In a review of the literature, Davis and Leitenberg (1987) suggested that evidence for the power of deviant sexual arousal in the commission of sexual offenses may be found in the arousal levels of, for example, child molesters to children depicted in sexual situations. An additional component of deviant arousal patterns would include the use of deviant fantasies during masturbatory practices (for example, in the child molester, sexual fantasies surrounding child partners). As a further example, a rapist’s arousal is not inhibited by imagery containing force or violence (Becker & Hunter, 1989). However, as noted by Davis and Leitenberg (1987), no studies of sexual fantasies or patterns of sexual arousal to different sexual stimuli have been conducted utilizing controlled comparison groups. Despite this limitation, a variety of researchers have measured psychophysiological arousal in deviant populations. However, a detailed review of
the research results pertaining to this subject is beyond the scope of this paper; for a detailed review of issues pertaining to the psychophysiologic measurement of sexual arousal, see Earls and Marshall (1983).

Lastly, sexual history and adjustment in the sexual offender may be detected through an analysis of prior non-deviant and deviant sexual behavior. For example, in Groth’s (1977) sample, 86% of adolescent sexual offenders had prior sexual experiences. Becker and her colleagues (1986) found that 82% of male sexual assaulters engaged in nondeviant, nongenital sexual behavior (e.g., kissing; fondling; hugging), whereas 58% engaged in nondeviant, genital sexual behaviors (e.g., oral or manual stimulation; vaginal or anal stimulation of the genitals).

In a study of sexual assault and violent delinquents, Fagan and Wexler (1988) found that 22% of adolescent sexual offenders engaged in sexual activity. Of these offenders, 76% indicated they had a girlfriend at some point in their lives.

Thus, many adolescent sexual offenders engage in
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some form of nondeviant sexual activity prior to engaging in sexually coercive behaviors. Therefore, it is unlikely that adolescent offenders are, in general, exploring their sexuality when perpetrating sexual crimes. However, many of these studies have relied on the self-report of the offender; thus, it is not known to what degree these reports of nondeviant sexual behaviors accurately reflect what occurred in the consensual activities or to what degree, if any, the consensual relationships demonstrated other disturbances.

Prior deviant sexual behaviors, most commonly detected via prior arrests for sexual offenses or via self- or victim-report data, provide information pertaining to the pervasiveness of the offenders' sexually deviant interests and behaviors. Groth (1977) found that 75% of male adolescent sex offenders committed a prior sexual assault and that most of these previous assaults had not resulted in any type of commitment or incarceration. Over 50% of Lewis and her colleagues' (1981) sample of offenders committed two or more sexual offenses. O'Brien (1989), in a study of
male adolescent sibling incest offenders (N=170), found that each subject reported a mean of 9.6 criminal sexual acts against a mean of 2.7 victims. Saunders and her colleagues (1986) reported that 48% of their sample had committed more than one sexual offense and approximately 64% of recidivists repeated the same type of offense for which they were currently adjudicated. Lastly, Fehrenbach and his colleagues (1986) divided their sample of adolescent offenders into those who had committed prior nonsexual crimes, prior sexual crimes, and both prior nonsexual and sexual crimes. They found 56.7% of their sample had committed at least one sexual offense prior to arrest; 23% had committed both prior nonsexual and sexual offenses. Hands-off offender groups (e.g., exhibitionism; voyeurism) formed the largest body of individuals who had committed prior sexual offenses.

Thus, several studies have found that adolescent sexual offenders commit deviant sexual crimes prior to having any contact with either law enforcement agencies or mental health agencies; conversely, in cases where the adolescent has been adjudicated for a prior sexual
offense, commitment is an unlikely consequence.

Related to prior deviant sexual behavior, several studies have addressed the question of whether sexual offenders who commit nuisance crimes, such as exhibitionism and voyeurism, will go on to commit progressively more violent sexual crimes (Davis & Leitenberg, 1987). Earlier studies indicated that progression from more moderate crimes to severe crimes was not common (Halleck, 1975; Rooth, 1973 as cited in Davis & Leitenberg, 1987). However, Longo and Groth (1983), found that 1 in 3 convicted adult offenders showed evidence of a progression from nonviolent sexual crimes as adolescents to more severe sexual assaults as adults. This pattern was more common in the histories of child molesters than in rapists.

Progression from essentially nonviolent to more violent crimes is an especially notable issue in relation assessment and recidivism studies. Additionally, such information has implications for the classification of those offenders with a predilection for escalating the nature of their offenses.

From the information obtained regarding the sexual
history and adjustment of adolescent sexual offenders, it can be determined that a history of sexual victimization (either as a victim or as a witness to abuse), deviant sexual arousal patterns, and both prior nondeviant and deviant sexual behaviors provide important descriptive information about the sexual offender. However, while such information may aid in the eventual delineation and classification of adolescent sexual offenders, it is not known at this time what etiological significance, if any, past sexual history and adjustment variables have with this population.

Social Competence

In addition to familial environment and sexual history constellations, social competence is a variable commonly associated with the study of adolescent sexual offenders. While levels of social competence, or social skills deficits, differentiate among subtypes of offenders (e.g., rapists; child molesters) to a certain degree, it is still the most common personality anomaly attributed to adolescent sexual offenders (Knight & Prentky, 1993). For example, Fehrenbach and his
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colleagues (1986) found that 65% of male adolescent sex offenders showed significant evidence of social isolation from same age peers; 32% reported having no friends at all and 34% reported having a few friends but none to whom they were especially close. When subdivided by offense type, juveniles who rape were found to have the least number of friends, followed by juveniles who commit indecent liberties and hands-off offenses (Fehrenbach et al., 1986). Conversely, Saunders and her colleagues (1986) found that sexual assaulters, were less likely to be socially isolated than pedophiles or those engaging in hands-off offenses. This finding supports that found by Awad and Saunders (1991), in which adolescents who perpetrate rape are more likely to be a part of a loose group of peers compared to those who commit sexual offenses against child victims. Additionally, it has been found that child molesters, in comparison to rapists, have more social skills deficits. Thus, child molesters are more comfortable interacting with younger children and, therefore, typically exploit victims from this younger population (Fehrenbach et al., 1986).
A variety of other psychological characteristics which may be associated with social competence deficiencies have been noted to occur in sexual offender populations by other investigators. These include low self-esteem (Davis & Leitenberg, 1987); failure to achieve a sense of identity (Groth & Loredo, 1981; Groth, 1977); a sense of masculine inadequacy (Davis & Leitenberg, 1987; Groth, 1977); an underachiever attitude or general lack of motivation (Groth & Loredo, 1981; Groth, 1977); gender identity confusion (Groth, 1977); inadequate or inappropriate sex role stereotypes (Davis & Leitenberg, 1987); hostility towards girls and/or women (Davis & Leitenberg, 1987); an inability to persevere in routine tasks (Groth, 1977); and feelings of powerlessness (Groth & Loredo, 1981).

Thus, a multitude of distinct psychological characteristics may contribute to social competence or describe the adolescent sex offender’s psychological repertoire. However, no single study has compared the social competence of adolescent sexual offenders to controlled comparison groups of other delinquent and
normative adolescents (Davis & Leitenberg, 1987). Based on this information, it is difficult to draw conclusions about the nature of the contribution social skills deficits make towards sexually aggressive behavior among adolescent offenders.

Familial environment, sexual history variables and social competence variables are the most frequently studied correlates of sexual offending behavior among adolescents. However, several other variables have been investigated. Among these, behavioral problems, specifically prior problems with law enforcement agencies and school officials (e.g., petty larceny, robbery, assault) have been noted with this population (Fehrenbach et al., 1986). Additionally, these adolescents may have had some prior contact with mental health practitioners; when this has occurred, it is likely that the adolescent will have been diagnosed with Conduct Disorder (i.e., problems with impulse control and acting out behaviors); (Smith, Monastersky & Deisher, 1987; Kavoussi, Kaplan & Becker, 1988).

In addition to behavioral problems and contact with mental health practitioners, it has been
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hypothesized that adolescent sexual offenders may commit aggressive sexual acts due to some type of cognitive impairment. The majority of research related to cognitive and neurological impairments have focused primarily on cognitive deficits in adolescent sexual offenders. While sexual offenders have scored in the low average range, no significant differences have been noted when adolescent sexual offenders are compared to other groups of delinquent youth. Knight and Prentky (1993), suggested that the lack of distinction between adolescent sexual offenders and other violent, non-sexual offending delinquents may be due to the fact that neurological and cognitive deficits are associated with violence in general versus being specifically associated with sexual violence. Thus, cognitive deficits may be one part of a larger problem contributing to sexually aggressive behavior. However, it appears unlikely that cognitive deficits, in particular, are causally related to sexual acting out.

School problems in adolescent sexual offenders show a pattern similar to cognitive deficits. That is, when adolescent sexual offenders are compared to other
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Many adolescent sexual offenders fail to achieve the appropriate grade-level placement for their age (Fehrenbach et al., 1986) and may demonstrate chronic academic and/or behavioral problems in the school setting (Awad & Saunders, 1991).

Lastly, Knight and Prentky (1993), noted that level of force utilized to gain victim compliance and racial differences also demonstrate important correlational information in conjunction with the study of adolescent sex offenders. Specifically, adolescent sexual offenders typically demonstrate lower levels of overt force to gain victim compliance in comparison to adult sexual offenders (Knight & Prentky, 1993). This may be due, in part, to the fact that younger victims may not require high levels of physical coercion to comply with a sexually aggressive individual (Davis & Leitenberg, 1987).

With regard to racial differences among adolescent sexual offenders, based upon Davis and Leitenberg's (1987) review of the literature and utilization of Uniform Crime Report (1991) statistics, it was found
that black male adolescents are overrepresented in sexual crimes relative to other types of criminal acts; this distinction is most notable for forcible rape arrests and convictions. It is possible that some bias against black male adolescents may exist within the criminal justice system further biasing actual racial differences within sexually aggressive behavior domains (Davis & Leitenberg, 1987).

A review of the descriptive correlates of adolescent sexual offending provides little information regarding the etiological significance of any one descriptive variable. Despite this, the descriptive dimensions have been related to sexual offending behaviors in adolescents. However, it is not clear that adolescent sexual offenders, in particular, demonstrate any of the above described characteristics to a greater degree than other groups of juvenile delinquents. Further, as studies utilizing normative samples are extremely rare, it is difficult to draw any conclusions about adolescent sexual offenders in comparison to a group of non-sexually offending
adolescents. However, a handful of studies utilizing comparison groups of delinquent, but non-sexually offending, youth, have been performed. The following is a brief description of those studies.

Comparison Studies

Oliver, Hall and Neuhaus (1993) compared the personality and background characteristics of 50 male adolescent sexual offenders with 50 adolescent males charged with non-violent offenses and 50 adolescent males charged with violent but non-sexual offenses. The authors utilized the Jesness Inventory (JI), designed specifically to assess and measure the personalities of delinquents (Oliver, Hall & Neuhaus, 1993). Additionally, to compliment the use of the Jesness Inventory, Oliver and her colleagues utilized the Jesness Classification System (JICS). The JICS is based on a profile analysis of the JI and provides three possible levels of personality integration in addition to multiple sub-levels within each level of integration. Further, background and demographic information was obtained for all participants.

Oliver and her colleagues (1993) found that the
adolescent sexual offender group displayed the least deviant personality and background characteristics in comparison to adolescents charged with non-violent or violent offenses. Additionally, the adolescent sexual offenders were less likely to have come into contact with prior mental health service agencies and to have less familial criminality than either of the non-sexually offending comparison groups (Oliver, Hall & Neuhaus, 1993). Moreover, the adolescent offender group demonstrated less Social Maladjustment (e.g., the degree to which an individual shares attitudes with persons who are unable to meet the demands of living in socially approved ways [Jesness, 1962 as cited in Oliver, Hall & Neuhaus, 1993]) on the mean JI profile than either of the non-sexually offending groups. Oliver and her colleagues noted that this was a counterintuitive finding in that sexual offending behavior is not indicative of social adjustment (Oliver, Hall & Neuhaus, 1993).

However, the adolescent offenders were least likely to receive an I-4 level on the JICS indicating the highest level of interpersonal maturity; thus,
indicating some level of maladjustment within the sexual offender group. Oliver and her colleagues (1993) note that their findings may not be representative of all adolescent sexual offenders due to the fact that blacks were overrepresented in the sex offender group and all of the participants were outpatient clients living in a large urban city.

Blaske, Borduin, Henggeler and Mann (1989) investigated individual, family and peer characteristics of sexual offenders and assaultive (not sexually aggressive) offenders. This study is notable in that it uses demographically similar control groups (e.g., nonviolent offenders and nondelinquent controls). Additionally, Blaske and his colleagues (1989) utilized several theoretical positions to aid in the investigation of their hypotheses. Such theories included the integrated theory of delinquency and the contextual/systemic perspective. A component of the contextual/systemic perspective, the Family Systems approach, suggests that child behavior is linked to reciprocal interactions between the child and key systems within the child’s environment. This theory
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stresses the lack of family bonding and family organization in the development of deviance.

Blaske and his colleagues (1989) instructed subjects' mothers to complete a demographic questionnaire, the Revised Behavior Problem Checklist (Quay & Peterson, 1987, as cited in Blaske et al., 1989) and the Missouri Peer Relations Inventory. The mother and son completed the Family Adaptability and Cohesion Evaluation Scales - II, the Symptom Checklist - 90 - Revised and the Unrevealed Differences Questionnaire - Revised. Mother and adolescent discussion was videorecorded while the Unrevealed Differences Questionnaire - Revised was completed to obtain a measure mother/son interaction. Lastly, the adolescents' teachers completed a Missouri Peer Relations Inventory.

Results of this study indicated that assaultive offenders (non-sexual offenders) have families characterized by emotional disengagement and rigidity in their ability to adapt to changes in the environment versus either sexual offenders, nonviolent offenders and non-delinquent youth. Lower levels of positive
communication were also noted in families of assaultive offenders. It was further found that assaultive offenders typically had low bonding to family members but relatively high bonding to deviant peers. Surprisingly, results indicated that familial relationships within the sexual offender group more closely approximated comparison groups of non-delinquent subjects versus comparison to the assaultive offenders. That is, sexual offenders had familial relationships that were similar to those experienced by adolescents with no history of deviancy. However, lower rates of positive communication were noted within the families of sexual offenders in addition to higher rates of neurotic symptoms. Specifically, it was noted that families of sexual offenders displayed more characteristics of internalizing behaviors such as anxiety and the inability to form close interpersonal relationships (Blaske et al., 1989).

Additionally, Awad and Saunders (1991) utilized comparison groups to investigate male adolescent sexual assaulters. A group of juvenile (non-sexually offending) delinquents (n=24) matched for age and
social status, in addition to a group of child molesters (n=45), were compared to a group of sexual assaulters (n=49). Both sexual offender groups (e.g., assaulters and child molesters) reported a similarly high incidence of physical abuse (i.e., assaulters, 33% and child molesters, 27%). Additionally, no difference was found between the sexual assaulter group of adolescents and the juvenile delinquent group on self-reports of sexual abuse; however, the group of child molesters reported significantly higher levels of past sexual victimization (e.g., 21% versus 4% for assaulters and 0% for juvenile delinquents). Further, Awad and Saunders (1991) found that all three groups had comparable and high levels of psychiatric problems among their primary caregivers (e.g., depression, suicide, psychotic symptoms and alcohol abuse). Lastly, the authors noted that 26% of assaulters came from families in which sexual deviance among close family relatives was prevalent (e.g., mother as a prostitute; brother as a pimp). This value (26%) was not significantly different from that found in the child molester group.
Fagan and Wexler (1988), utilizing official records and clinical interview information, compared sexual offenders (n=34) with chronic violent offenders (n=242). Overall, sexual offenders tended more often to live with their biological parents than the violent offender group and displayed fewer nonviolent offenses than the violent offenders. However, the sexual offenders had been incarcerated more often than the violent offenders and had lower levels of self-reported delinquency and alcohol and drug problems than the comparison group of violent offenders (Fagan & Wexler, 1988). Additionally, the sexual offender group more often came from families characterized by spousal violence, child abuse and child molestation than the comparison group. Moreover, the sex offender group tended to be more socially and sexually isolated than their delinquent cohorts (Fagan & Wexler, 1988).

Lastly, Lewis, Shankok and Pincus (1979) compared violent adolescent sexual assaulters to a group of violent (non-sexually offending) adolescents. They found that physical abuse was equally prevalent among both groups (75.5% and 76.5%). Moreover, sexual
assaulters and violent offenders were equally as likely to have witnessed extreme violence in the home (78.6% and 78.6%, respectively).

Thus, although a small but varied group of comparison studies exist, much information can be gleaned from their results. Specifically, several studies have found that adolescent sexual offenders experience similarly high levels of physical abuse from family members and witness equivalent levels of violence in the home (e.g., spousal abuse, sexual abuse) in comparison to juvenile, non-sexually offending, delinquents (Awad & Saunders, 1991; Fagan & Wexler, 1988; Lewis et al., 1979). However, other more recent studies have noted that, in comparison to other groups of juveniles (e.g., violent and non-violent), adolescent sexual offenders come from familial environments characterized by less deviant personality and background characteristics, less family criminality and less social maladjustment (Oliver et al., 1993; Blaske et al., 1989). Thus, a decisive conclusion regarding characteristics which distinguish adolescent sexual offenders from other groups of violent and non-
violent juveniles presents some difficulty.

The Current Study

The primary objective of this study is to determine if differences exist between a group of adolescent sexual offenders and a group of non-sexually offending, but delinquent, youth on familial, sexual and social measures. Due to the small sample size of the adolescent sexual offenders utilized in this study (n=27), a comparison between the sex offender groups was not possible. Rather, all sex offender participants in this study were categorized as child victim offenders. Thus, a brief discussion of the use of classification schemes, especially those utilized with child victim sex offenders, is instructive.

As with adult sex offender classification schemes, adolescent sexual offenders were initially classified based on victim selection (e.g., rapist; pedophile) components. Additionally, adolescent offenders have been classified based on a categorization of offenses. That is, adolescent offenders have been categorized as committing: a) hands-off offenses (e.g., voyeurism; exhibitionism; obscene phone calling); b) hands-on
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offenses (e.g., fondling; sexual assault; rape; attempted rape); and c) pedophilic offenses (e.g., victims four or more years younger than the offender) (Becker, Harris & Sales, 1993).

The categorizations based on offense type are currently in wide use in the extant empirical literature (Becker, Harris & Sales, 1993; Rubenstein, Yeager, Goodstein & Lewis, 1993; Awad & Saunders, 1991; Ryan, 1991; Fagan & Wexler, 1988; Becker, Cunningham-Rathner & Kaplan, 1986; Fehrenbach et al., 1986; Saunders, Awad & White, 1986; Lewis, Shankok & Pincus, 1979). Moreover, they demonstrate a direct relationship with adult categorizations in that offense type divisions were derived directly from the literature on adult sexual offenders (Becker, Harris & Sales, 1993). It is important to note, however, that while the classification systems for adolescent sexual offenders each have many merits, none are empirically derived or empirically validated (Knight & Prentky, 1990).

The Child Offender group is distinguished by victim selection components. Specifically, offenders

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who commit sexual offenses against a victim who is 13
years of age or younger, where the offender is at least
5 years older than the victim, are considered Child
Offenders. Defining Child Offenders as at least 5
years older than the victim prevents an offender aged
16 from being classified as a child molester when the
victim is 14, or 2 years younger than the offender.
The use of a two to three year age difference between
offender and victim has been utilized in certain areas
(Wagner, personal communication, November, 1992)
recently. However, while more conservative, the two to
three year age difference rule presents problems in
classifying offenders as child molesters and
misclassifying consensual sexual exploration between an
older adolescent and a younger adolescent (e.g., an 18
year old with a 15 year old). Moreover, the 4 to 5
year age difference, used in conjunction with
designating a maximum age (e.g., 13 years of age) for
the child victim, is commonly utilized in the extant
literature addressing both adolescent sexual offenders
and child abuse victims (Becker, Harris & Sales, 1993;
Fagan & Wexler, 1988; Becker, Cunningham-Rathner &
Further, it is hypothesized that the sexual offender group will significantly differ from the non-sexually offending juvenile delinquents on the psychosexual measure. It is hypothesized that no differences will exist between the adolescent sexual offender groups and the non-sexually offending juvenile delinquents on the familial and social measures.

A review of the extant literature pertaining to adolescent sexual offenders, as mentioned previously, indicates that the majority of studies focusing on this population are descriptive in nature (Becker, Harris & Sales, 1993). Additionally, the majority of studies focusing on adolescent sexual offenders do not include either comparison groups of other delinquent but non-sexually offending youths or normative control groups of adolescents (Oliver, Hall & Neuhaus, 1993; Blaske et al., 1989; O'Brien, 1989; Fagan & Wexler, 1988; Davis & Leitenberg, 1987; Awad, Saunders & Levene, 1986; Fehrenbach et al., 1986). Moreover, several authors have noted that prior and current studies fail to
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utilize accepted standardized assessment devices to investigate characteristics associated with adolescent sexual offenders (Oliver, Hall & Neuhaus, 1993; Blaske et al., 1989; Fagan & Wexler, 1988). Thus, the current study seeks to address several deficits addressed by other authors in the adolescent sexual offender literature. Specifically, the current study utilizes a comparison group of non-sexually offending juvenile delinquents to separate questions of violence and delinquency, in general, from sexually aggressive behaviors. That is, several authors (Becker, Harris & Sales, 1993) have speculated as to whether sexual offending behavior is part of an overall pattern of violence and/or delinquency or whether sexual offending behavior is a variable distinct from violent behavior. Distinguishing whether sexual offending behavior is part of a pattern of violence and/or delinquency, in general, would have important implications for determining potentiating variables among violent offenders who commit sexual offenses and those who do not.

Additionally, the current study utilizes three
standardized measures which have demonstrated reliability and validity with normal and/or deviant populations. Notably, the current study also utilizes a psychosexual measure which attempts to distinguish normative sexuality and sexual deviance in both adolescent sexual offenders and a group of juvenile, non-sexually offending, delinquents. Such investigation into psychosexual variables utilizing a comparison group of juvenile delinquents has not been attempted in any of the extant literature. Thus, the current study seeks to remediate several methodological problems noted in the literature pertaining to adolescents sexual offenders.

Method

Subjects

Adolescent Sexual Offenders

Adolescent sexual offender participants (n=27) were recruited from Las Vegas mental health agencies; this recruitment involved the use of both inpatient and outpatient facilities serving this specialized population. The majority of participants were between the ages of 12 to 18 years (mean= 15.33, sd=1.57);
thus, the use of the term adolescent offenders versus juvenile offenders. Additionally, adolescent sexual offender participants had completed a mean grade level of 9.27 (sd=1.59) and had a mean of 4.62 (sd=3.48) siblings. Adolescent sexual offenders were primarily Caucasian (n=18).

Participants in the adolescent sex offender group had at least one conviction for a sexual crime and were receiving some type of sex offender specific treatment. Participants drawn from the inpatient facility were serving a suspended commitment; that is, the subjects were convicted of a sexual crime and, pending successful evaluation for treatment, had been remanded to a treatment facility. If, however, at any time, they failed to comply with the specified treatment regimen, they could be remanded back to the juvenile court system to serve out the remainder of their sentence in a juvenile detention facility.

Conversely, participants recruited from the outpatient treatment facility may or may not have been convicted of a sexual crime but had been referred to the agency for sexually aggressive behaviors. These
individuals agreed to participate in family and group process counseling to address their inappropriate sexual behaviors. In some cases, adolescents who had been charged and convicted with a sexual crime may have been participating in treatment at the outpatient facility as part of a follow-up care program (e.g., following inpatient treatment) which may or may not have been court supervised.

Non-Sexually Offending Juveniles

Non-sexually offending juveniles (n=23) were recruited from a county juvenile detention facility. All juvenile delinquent participants were serving sentences for charges ranging from possession of an illegal weapon to grand larceny. Additionally, as with the adolescent sexual offender group, all juvenile delinquent participants were male and between the ages of 12 to 18 years of age (mean=15.35, sd=1.37). Further, among the sample of juvenile delinquents, the mean grade level completed was 9.46 (sd=1.41). The juveniles had a mean of 3.30 siblings (sd=2.42). Fifteen of the participants were Caucasian; the remaining participants were African-American (n=4),
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Asian (n=1), Hispanic (n=2) and Other (n=1).

Measures

Three self-report questionnaires, in addition to a demographic information sheet, were administered to each participant. The demographic information sheet asked questions pertaining to gender, annual family income, familial composition (e.g., living with both biological parents or living with one biological parent and a step-parent) and prior arrest record. The self-report questionnaires utilized are described in detail below.

Family Environment Scale (FES, Moos & Moos, 1986). The FES is a 90 item self-report questionnaire designed to provide an understanding of a family's social environmental characteristics. The FES contains 10 distinct subscales that address theory-derived constructs of familial social functioning. The subscales are: Cohesion; Expressiveness; Conflict; Independence; Achievement Orientation; Moral-Religious Emphasis; Organization; Control; Intellectual-Cultural Orientation; and Active-Recreational Orientation. The FES subscales assess underlying dimensions in the
familial social environment; these are: the Relationship dimension, Personal Growth dimension and System Maintenance dimension. Each dimension assesses particular components of familial functioning. For example, the Relationship dimension is measured by the Cohesiveness, Expressiveness and Conflict subscales. This dimension assesses the degree of commitment, help and support family members show for one another in addition to assessing how anger is expressed and directed and, lastly, how feelings are expressed (e.g., openly, repressed; Moos & Moos, 1986).

Standardized scores are derived from subscale means; scores may be compared within the family unit or across groups of individuals. Additionally, normative data are provided for comparative purposes. Further, the FES has demonstrated test-retest stability (for up to one year) and internal consistency among the subscales (e.g., from .61 on the Independence subscale to .78 on the Cohesion, Intellectual-Cultural Orientation and Moral-Religious Emphasis subscales).

The FES provides three forms, the Real Form (Form R), the Ideal Form (Form I) and the Expectations Form.
(Form E), which measure actual perceptions of the familial environment, conceptions of the ideal familial environment and expectations about familial settings, respectively (Moos & Moos, 1986). For the purposes of this study, Form R was utilized to assess the adolescents' actual perception of their family environment.

Youth Self-Report Form (YSR, Achenbach, 1991). The YSR is a 118 item self-report questionnaire designed to assess perceived competencies and problems. Further, the YSR is designed to identify syndromes of comorbid problems; for the purposes of this instrument, Achenbach (1991) defines a syndrome as a series of problems which tend to co-occur but without any assumptions regarding the nature or etiology of the disorder.

The YSR provides a number of subscale scores including Withdrawn (e.g., "Would rather be alone"), Somatic Complaints (e.g., tired; dizzy); Anxious/Depressed (e.g., fearful; guilty); Delinquent Behavior (e.g., runaway; firesetting); and Aggressive Behavior (e.g., screams; fights; attacks).
Additionally, the YSR provides information on other subscales such as Other Problems (e.g., insomnia; enuresis; school refusal) and Social Problems and Self-Destructive/Identity Problems.

The YSR provides a Total Score and Internalizing and Externalizing Scores. Scores may be converted to T-scores or percentile scores for comparison across groups. Furthermore, normative data is available for comparative purposes. The YSR has been designed such that a T-score above 70 is considered in the clinical range. T-scores under 67 are considered normal, with a borderline range of 67 to 70 (Achenbach, 1991). The YSR has demonstrated acceptable reliability and validity. It takes approximately 15 minutes to complete.

Multiphasic Sex Inventory (MSI, Nichols & Molinder, 1984). The MSI is a self-report questionnaire containing 300 items to which the subject answers true or false. The MSI was designed to assess the wide range of psychosexual characteristics of sexual offenders (Nichols & Molinder, 1984). Furthermore, the MSI was designed to aid the identification of sexual
characteristics of offenders and the degree of denial the offenders evince for these characteristics (Nichols & Molinder, 1984).

The MSI was constructed from a theory-based model containing a construct identified as sexual deviance. Nichols and Molinder (1984) assert three primary assumptions for the construct sexual deviance: 1) sexual cognitive and behavioral parameters exist which are universal to all sexual offenders and are measurable; 2) individual differences exist among sexual offenders as a group in terms of magnitude, duration and style of sexual deviance but also in terms of a wide range of sexual characteristics; and 3) the sexual offender, either consciously or unconsciously, attempts to defend or deny his sexual deviance even while abhorring the identical behavior in others.

The MSI provides 6 validity scales and several sexual subtests and subscales. Of the sexual subtests and subscales, the backbone of the MSI are the three sexual deviance scales in the Paraphilia (Sexual Deviance) Subtest; these include the Child Molest, Rape and Exhibitionism subtests (Nichols & Molinder, 1984).
Additionally, the MSI contains a Paraphilia (Atypical Sexual Outlet) subtest which assesses the polymorphous characteristics of sexual offenders; it includes 5 subscales (e.g., Fetish, Obscene Phone Calling, Voyeurism, Bondage, Discipline and Sado-Masochism).

The MSI contains several other sexual subtests including: a Sexual Dysfunctions scale (e.g., assessing sexual problems and feelings); a Sexual Knowledge and Belief Scale (e.g., assessing general sexual knowledge regarding sexual anatomy and functioning); a Treatment Attitudes Scales (e.g., assessing acknowledgement of a sexual deviance problem and motivation for treatment) and Sexual History and Gender Identity Scales (Nichols & Molinder, 1984).

The MSI is a relatively new instrument. Standardization information is available for identified child molesters and rapists. T-scores are available for the Paraphilia (Sexual Deviance) subtest. Raw scores are used for the remaining sexual subtests. Normative data are available; however, the sample utilized was a college sample which may or may not be comparative to either a group of adolescent sexual
offenders or a group of non-sexually offending delinquent youth.

**Procedure**

At an initial meeting, all participants were briefed on the nature of the study. That is, the adolescents were told that an study was being conducted to elicit information pertaining to family, social and sexual variables. Additionally, subjects were told that the information obtained would be used by counselors and other mental health professionals to better help adolescents who were in similar situations as themselves.

Adolescents were told that their participation in this study was strictly voluntary and that they were free to withdraw their consent to participate at any time prior to or during the sampling procedures. Further, they were told that they would suffer no consequences for withdrawing from the study.

Lastly, issues of confidentiality were discussed. Specifically, confidentiality was defined for all groups. It was explained that all participants would be assigned a packet with a three digit code; this
packet was to be used over the course of sampling. Therefore, their names need not be associated with any of the information they gave to the experimenters. Those subjects who agreed to participate were given a consent form to sign which explained the nature of the study and issues of confidentiality. No adolescents were allowed to participate in the study unless a signed consent form was on file with the experimenter.

All sampling took place over the course of three weeks; one two and a half hour period per week was generally utilized for sampling procedures. For the adolescent sexual offender group which was inpatient, the Multiphasic Sexual Inventory (MSI, Nichols and Molinder, 1984) was administered at intake. Therefore, only the demographic information sheet, the YSR and the FES were administered. For the adolescent sexual offender group that was outpatient, all three questionnaires including the demographic information sheet were administered. Additionally, for all groups (e.g., adolescent sexual offenders and non-sexually offending juveniles), all measures were counterbalanced to prevent statistically derived order effects.
Sampling procedures were identical for the non-sexually offending juvenile delinquent group as for the adolescent sexual offender group with one exception. Due to reading comprehension difficulties with some of the juveniles, the FES was read aloud to participating subjects. Participants followed along on individual question booklets and answered the questions accordingly. However, this procedure took an excessive amount of time and approximately half of the participants evinced some boredom and withdrawal from the sampling procedure. Therefore, it was decided that all participants would read the questions on their own and, should any questions arise, either the experimenter or an assistant would provide help as necessary.

The delinquent, non-sexually offending participants received points from their site administrators for participating in the experiment. The facility in which the sampling was conducted adhered to a Boy’s Town point system model and, thus, each adolescent who successfully completed the sampling period (via site administrator opinion), was given a
certain number of points (e.g., for behaviors such as positive social interaction, positive role model behavior and participating in a teaching situation).

In summary, all participants were fully briefed regarding the nature of the study, voluntary participation and confidentiality issues. Further, all participants were told that they were free to withdraw their consent to participate at any time and would suffer no negative consequences for doing so. One non-sexually offending juvenile withdrew his consent to participate following the administration of the demographic survey and the Family Environment Scale (Moos & Moos, 1986); no other participants withdrew from the study. All participants were treated in accordance with the "Ethical Principles of Psychologists and Code of Conduct" (American Psychological Association, 1992). Sampling took place over the course of three weeks for approximately two and one half hours per sampling period. Lastly, all measures were counterbalanced to ensure against order effects.
Results

Several statistical analyses were performed on the data (utilizing the SPSSx package) to determine potential differences between the two groups on the demographic variables and the three standardized measures. A t-test for independent samples was completed on selected demographic data to determine whether the adolescent sex offenders and the nonsexually offending delinquents were different. Additionally, multivariate analyses of variance were completed for both groups on the three standardized measures.

T-test for Independent Samples

A t-test for independent samples was completed on selected demographic data (i.e., age, last grade successfully completed, ethnicity, total number of sisters [biological and step], total number of brothers [biological and step] and total number of siblings [biological and step]). The analyses indicated that no significant differences existed between the two groups on any of the demographic variables. Thus, the two groups were considered statistically similar (see Table
Multivariate Analyses of Variance (MANOVA)

Means and standard deviations for both groups on all measures are presented in Table 2. Three separate MANOVAs were conducted, one for all of the YSR variables, one for all of the FES variables, and one for all of the MSI variables. Significant MANOVA differences were further evaluated via univariate analyses of variance (ANOVA).

Youth Self Report Form.

The MANOVA on the Youth Self-Report Form (YSR, Achenbach, 1991) yielded a significant difference between the groups (F(12,37) = 2.05, p < .05). The ANOVAs indicated that the following variables significantly differentiated between the group of sex offenders and the group of delinquents:

- Anxious/Depressed (F(1,48) = 4.08, p < .05);
- Delinquent Behavior (F(1,48) = 6.09, p < .05);
- Internalizing T-Score (F(1,48) = 5.70, p < .05).

Adolescent sexual offenders had higher measured levels of anxiety and depression than the group of juvenile delinquents.

Further, sexual offenders had higher overall
internalizing complaints (e.g., subscales I - III: Withdrawn, Somatic Complaints and Anxious/Depressed). Conversely, the non-sexually offending juveniles demonstrated higher measured levels of delinquent behavior than the group of adolescent sexual offenders. No other significant differences were noted between the two groups on the YSR. None of the measures obtained by the adolescent sexual offenders was in the clinical or borderline ranges. Further, only the Delinquent Behaviors subscale was clinically elevated for the non-sexually offending delinquents.

Additionally, normative samples were provided for the YSR. A t-test was performed for both groups against each normative profile. T values for each scale are seen on Table 3.

The YSR provided two normative samples, one a group of boys referred for assessment (N=536) and the second, a group of non-referred boys (N=536). In comparison to the referred boys sample, adolescent sexual offenders did not differ significantly on any of the subscales. However, the non-sexually offending juveniles significantly differed from the referred boys
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on the following subscales: Withdrawn ($t(557)=1.85, p < .05$); Somatic Complaints ($t(557)=2.10, p < .05$); Anxious/Depressed ($t(557)=2.60, p < .05$); Social Problems ($t(557)=2.53, p < .05$); Delinquent Behavior ($t(557)=4.63, p < .05$); Internalizing T-score ($t(557)=3.72, p < .05$); and Externalizing T-score ($t(557)=1.99, p < .05$). Thus, the non-sexually offending delinquents scored higher than the referred sample of adolescent boys on Delinquent Behavior and the Externalizing T-scores. Conversely, the referred normative sample of boys scored higher on the Withdrawn, Somatic Complaints, Anxious/Depressed, and Social Problems subscales and the composite Internalizing T-score. Important to note, however, is the fact that the juveniles scored in the borderline range (67-70) on the Delinquent subscale.

Conversely, when compared to the non-referred boys, the adolescent sexual offenders demonstrated significantly different scores on all YSR subscales (see Table 3 for t values). Specifically, adolescent sexual offenders scored significantly higher than the non-referred sample of boys on the Somatic Complaints,
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Anxious/Depressed, Social Problems, Thought Problems, Attention Problems, Delinquent Behavior, Aggressive Behaviors, Self-Destruct/Identity subscales and the composite T-scores (Internalizing, Externalizing and Total). For the adolescent sex offenders, however, no scores were elevated into either the borderline range (67-70) or the clinical range (>70).

The juvenile delinquents demonstrated significantly higher YSR scores against the non-referred sample of boys on the following subscales: Thought Problems ($t(557)=4.07, \ p < .05$); Attention Problems ($t(557)=1.85, \ p < .05$); Delinquent Behavior ($t(557)=10.94, \ p < .05$); Aggressive Behavior ($t(557)=4.64, \ p < .05$); Self-Destruct/Identity ($t(557)=2.90, \ p < .05$); Externalizing T-score ($t(557)=5.57, \ p < .05$); and Total T-score ($t(557)=2.62, \ p < .05$). As noted previously, the delinquent sample scored in the borderline range on the Delinquent subscale; no other scores were abnormally elevated.

Family Environment Scale.

No significant differences were obtained between the two groups of subjects on the Family Environment Scale.
Scale ($F(10, 39) = .61, p < .79$). Thus, the two groups did not differ significantly in their perceptions of their family environments. However, the FES provided a number of normative samples for comparison purposes.

For comparative purposes, the five member family (N=124) normative sample was utilized. This comparison took into account the general size (as determined via demographics) of both adolescent sexual offender families and non-sexually offending juvenile families. Further, while the FES provided normative samples of families displaying some type of dysfunction, none was assumed for the current populations. That is, "normal" families were utilized for comparison versus those categorized as displaying some type of dysfunction.

Adolescent sexual offenders scored significantly higher on the FES for the Control subscale ($t(149)=1.94, p < .05$). Conversely, the normative group scored significantly higher than the adolescent sexual offenders on the following subscales: Cohesion ($t(149)=3.37, p < .05$); Expressiveness ($t(149)=1.88, p < .05$); Independence ($t(149)=2.82, p < .05$); Intellectual Cultural Orientation ($t(149)=5.24, p < .05$).
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.05); and Active Recreational Orientation (t(149)=1.92, p < .05).

In comparison to the non-sexually offending juveniles, the normative group scored significantly higher on the Intellectual Cultural Orientation subscale (t(145)=4.73, p < .05). No other significant differences were noted.

Although these differences were significant against the FES normative sample, only the adolescent sexual offender sample had one score (Cohesion, mean=36.83, sd=21.61) which was abnormally low. That is, more than one standard deviation above or below the mean.

Multiphasic Sex Inventory.

On the Multiphasic Sex Inventory (MSI, Nichols & Molinder, 1984), significant differences were obtained between the two groups (F(18,27) = 5.84, p < .001). The following subscales significantly differentiated among the two groups: Cognitive Distortion/Immaturity (F(1,44) = 10.08, p < .01); Treatment Attitudes (F(1,44) = 11.75, p < .01); Sex Deviance Scale - Child Molester (F(1,44) = 38.72, p < .01); Sex Deviance Scale
Adolescent Sexual Offenders

- Child Molester Subscale for Girl Gender ($F(1,44) = 9.49, p < .01$); Sex Deviance Scale - Child Molester Subscale for Boy Gender ($F(1,44) = 14.48, p < .01$); Paraphilias (Atypical Sexual Outlet) Bondage/Discipline ($F(1,44) = 4.50, p < .05$); and Paraphilias (Atypical Sexual Outlet) Sado-Masochism ($F(1,44) = 9.46, p < .01$).

Adolescent sex offenders scored higher on Cognitive Distortion/Immaturity subscale indicating the presence of more cognitive distortions and immaturity. The non-sexually offending juveniles scored at the bottom of this same range (range = 4 - 9) indicating similar, though lower, cognitive distortions and immaturity.

Adolescent sex offenders scored higher than the delinquents on the Treatment Attitudes subscale (mean=4.00) indicating that, as a group, they may be relatively unmotivated for sexual offense specific treatment at the time of sampling. It should be noted that both the Cognitive Distortion/Immaturity subscale and the Treatment Index are a part of the Accountability Scale and Indices on the MSI and are,
therefore, geared toward adolescents referred for sexual aggression. Thus, the differences noted between the two groups in this study may not be valid for these two scales.

The adolescent sex offender group scored significantly higher on the Sex Deviance Scale - Child Molester subtype than did the non-sexually offending juveniles. The majority of sex offenders in this sample were adjudicated for offenses against children (versus rape of same age peers, for example) and, thus, it comes as no surprise that they indicated victim preferences for children. This was further evinced by the elevated scores demonstrated by the adolescent sex offenders on the Sex Deviance Scale - Child Molester Subscale for Girl and Boy Gender. These elevations indicate that the adolescent sex offenders show equal victim preference among girls and boys. The delinquent group showed no significant elevations among either girl or boy victim preferences.

Conversely, the non-sexually offending delinquents had elevated scores on two of the Paraphilias (Atypical Sexual Outlet) subscales. In comparison to the
adolescent sexual offenders, the delinquent group had higher scores on the Bondage/Discipline and Sado-Masochism subscales.

The MSI provides the administrator with a list of critical items which comprise scales designed to provide specific insight into the development and nature of the sexual repertoire. These scales include: Paraphilias (Atypical Sexual Outlet), Sex Dysfunction Scales, Sex Apprehension/Confidence, Sex Development History, Gender Orientation, Sex Deviance Development, Gender Identity, Sex Assault Behavior List and the Sex Knowledge and Beliefs Scale. Item endorsement was polled for the Sex Development History and the Sex Deviance Development scales for the adolescent sexual offenders and the delinquent group (see Table 4).

On the Sex Development History scale, it was noted that one third of the sex offenders reported having had sexual relations with a female over the age of twelve since they had turned 14 years of age. Conversely, almost all of the juveniles (n=19) reported having sexual relations with a female 12 year or older. Additionally, 20 of the juveniles reported having or
having had a steady girlfriend whereas 15 of the adolescent sexual offenders reported the same behavior. For the adolescent sexual offenders, such reported behavior negates the assumption that adolescents may perpetrate sexually aggressive acts in order to explore their sexuality (see Becker, 1990; Davis & Leitenberg, 1987).

On the Sex Deviance Development Scale, both adolescent sexual offenders and non-sexually offending juveniles reported experiencing sexual abuse at the hands of older males and females. Specifically, 15% of adolescent sex offenders and 13% of juveniles reported that an older male (e.g., relative, friend, acquaintance or stranger) touched them sexually as a child. Conversely, more delinquents (22%) reported that a female (e.g., relative, friend, acquaintance or stranger) touched them sexually as a child than did the adolescent sexual offenders (11%).

Further, on the Sex Deviance Development Scale, 26% of adolescent sexual offenders (n=7) reported that, as a child, they were punished when caught performing some type of sexual act (e.g., masturbation; sexual
exploration) whereas only 9% of juvenile delinquents reported similar consequences. Furthermore 14% of adolescent sexual offenders reported that a member of their family had been in trouble because of his or her sexual behavior; only one juvenile reported similar familial circumstances or behavior. Near equal numbers of adolescent sexual offenders and juvenile delinquents reported that they suspected that their fathers had sexually forced themselves on their mothers (n=2 and n=1, respectively).

Lastly, though not significantly different, on the MSI measure of Sex Knowledge and Beliefs, the adolescent sexual offenders had a mean score of 15.04 (sd=3.64) and the juvenile delinquents obtained a mean score of 13.70 (sd=2.65); both scores fell below the cut-off score of 17 indicating a need for further information pertaining to sexual knowledge and behaviors (See Table 2 for cell means and F-values).

Discussion

A main hypothesis of this study was that adolescent sexual offenders and non-sexually offending juveniles would have similar familial and social
environments but would differ in their cognitive and behavioral sexual repertoires. The first portion of the above hypothesis was supported; while it was found that both adolescent sexual offenders and juvenile delinquents have some maladaptive coping styles (e.g., delinquent behaviors), they were not of a similar nature nor were either group's scores significantly elevated into the clinical range. Furthermore, no significant differences were noted between the groups on familial variables. Lastly, significant differences were obtained between the groups on the sexual inventory, but, these were not in the hypothesized direction. That is, adolescent sexual offenders scored higher than juveniles in areas which reflected the sexual offenses they had committed (i.e., child molestation with no gender preference between girls or boys), but juveniles scored higher on paraphilia subscales indicating a sexual preference outlet not typically noted for either those identified as sexual offenders or more normative populations (i.e., Bondage/Discipline and Sado-Masochism). It was not expected that the juvenile delinquent group would have
significantly elevated scores indicating the presence of extreme sexually deviant interests.

Use of the YSR was intended to measure the subject's internal and external experience of his social environment as well as delineating any maladaptive coping styles. The two groups did not differ drastically from normative groups in overall YSR scores. The non-sexually offending juveniles did score in the borderline range \( (t = 67 - 70) \) on the Delinquent Behaviors subscale. For all other scales, both the adolescent sexual offenders and the delinquents scored within the acceptable normal limit. Thus, socially, these two groups of subjects might be considered as normal as any other group of adolescents.

However, in comparing the two groups on individual scales, significant differences were noted between those evincing more internalizing behaviors and those evincing more externalizing behaviors. The sexual offenders reported more somatic complaints whereas the non-sexually offending juveniles reported more problems with delinquent behaviors. Again, it must be noted, that while these differences were significant, only the
Delinquent Behavior subscale, a component of the Externalizing T-score, entered a significant clinical range. These results are intuitive and reflect differences noted in the extant literature. Specifically, among adolescent sexual offenders, withdrawal, anxiety and depression, somatic complaints and a general lack of social contact are typical and reflect what have traditionally been noted as internalizing behaviors (Fehrenbach et al., 1986; Knight & Prentky, 1993).

The YSR provided two normative groups for comparative purposes; one group consisted of adolescent boys referred for some type of clinical attention and a second group consisted of boys not referred for any type of clinical attention. Adolescent sexual offenders did not differ significantly from the group of referred boys. However, the sex offenders had significantly higher scores on every subscale, with the exception of the Withdrawn subscale, than the group of non-referred boys. Therefore, the adolescent sexual offenders displayed complaints similar to other boys referred for clinical treatment. In comparison to a
normative group, however, the sex offenders displayed problems in almost every area identified as clinically significant by the YSR. This finding also reflects findings noted in the literature; adolescent sexual offenders tend to be characterized by their extreme heterogeneity and multiplicitous problems (Becker & Hunter, 1993; Knight & Prentky, 1993; Fehrenbach et al., 1986).

Comparisons between the referred normative sample and the non-sexually offending juveniles resulted in differences similar to comparisons with the adolescent sexual offenders. Specifically, juveniles obtained significantly higher scores on the Delinquent Behavior subscale and the Externalizing T-score than either normative sample. Conversely, the normative group obtained higher scores on the Withdrawn, Somatic Complaints, Anxious/Depressed, and Social Problems subscales and the Internalizing T-score than the non-sexually offending juveniles. Comparison to the non-referred boy sample produced some similarities, with juveniles scoring significantly higher on the Thought Problems, Attention Problems, Delinquent Behavior,
Adolescent Sexual Offenders

Aggressive Behavior, Self-Destruct/Identity subscales and the Externalizing and Total T-scores.

Thus, comparison to the normative groups merely intensified some of the differences already noted between the adolescent sexual offenders and delinquents. The sexual offender group tended to engage in more isolatory behaviors, or those traditionally referred to as internalizing, as a means of coping with internal and external crises, whereas the juvenile group tended to act out immediately in response to perceived crises.

Furthermore, while it has been previously noted that those sexual offenders who receive some type of clinical attention are most often diagnosed as Conduct Disordered (Smith, Monastersky & Deisher, 1987; Kavoussi, Kaplan & Becker, 1988), it appeared that the juvenile group displayed those characteristics most frequently and classically identified as Conduct Disordered.

No significant differences were noted between the two groups on the FES. In fact, neither group showed significantly elevated or significantly low scores on
any of the subscales with the exception of a low score on Cohesion for the adolescent sexual offenders. Otherwise, both groups scored within one standard deviation above or below the mean on all of the subscales. Only subscales Conflict and Control, for adolescent sex offenders, were elevated near a cutoff standard score of 60 (means = 58.61 and 58.13, respectively). While only indicative of potential trends, these results suggested that adolescent sex offender families may experience higher levels of conflict, more problems with issues of control and less overall cohesion than the juvenile delinquent families.

The FES could not provide information on the existence of a neglectful environment or the persistence of physical and/or sexual abuse in the families of the subjects. Both are considered extremely common, particularly in the lives of sexual offenders (Becker et al., 1986; Fehrenbach et al., 1986; O’Brien, 1989; Hsu & Starzynski, 1990). Despite this limitation, the lack of cohesion and the higher levels of control and conflict reflect problems noted
in the literature for families of adolescent sexual offenders (Hsu & Starzynski, 1986; Blaske et al., 1989). However, it was hypothesized that juvenile delinquent families would display similar perceived familial environments as obtained by the adolescent sexual offenders. This did not occur; all scores obtained by the delinquent group fell within a normative range and, thus, reflected no perceived problems with family members. Notably, however, several studies have found that adolescent sexual offenders have more normative families in comparison to those individuals identified as juvenile delinquents (Blaske et al, 1989; Oliver et al., 1993; Lewis et al., 1979).

For both groups of subjects, the Intellectual Cultural Orientation subscale of the FES bordered on significantly low scores (mean adolescent sex offender group = 40.39; mean non-sexually offending juvenile group = 40.00). This suggested that neither group is experiencing activities considered artistically (e.g., visiting art galleries) or intellectually (e.g., seeing a play, speech or opera) stimulating in the academic or
political sense. Furthermore, these scores may be indicative of either lower overall educational levels for the families as a whole or a deficit in terms of time spent together as a family engaging in outside activities (e.g., versus activities considered solitary such as watching television or playing video games).

When the participants from this sample were compared to a normative, non-deviant, group of participants on the FES, some differences were noted. Adolescent sexual offenders demonstrated significantly lower Cohesion, Expressiveness, Independence, Intellectual Cultural Orientation, and Active Recreational Orientation scores and higher Control scores than the normative sample. This suggests that adolescent sex offenders had significant deficits in their perceived family environments in comparison to normative groups of adolescents. Lastly, the juvenile group obtained significantly lower scores on the Intellectual Cultural Orientation in comparison to the normative group.

In summary then, adolescent sexual offenders perceived their families as lacking in cohesiveness,
expressiveness and independence in comparison to a normative sample. Adolescent sexual offenders also perceived a lack of independence, less cultural and/or artistic stimulation and less family oriented activities such as camping or playing of sports. Conversely, sex offenders feel that familial control plays a larger issue in their lives. The combination of these factors is supported in the literature; that is, young men, significantly introverted (e.g., lacking in outside social influences or activities) whose issues with control and independence may lead them to commit sexually aggressive acts (Becker, Harris & Sales, 1993; Becker & Kaplan, 1988).

Interpretation of the MSI results for this sample presents the greater difficulties because the MSI was not intended for use with juveniles who have not been referred for acts of sexual aggression. Adolescent sexual offenders scored significantly higher on the Cognitive Distortion/Immaturity, Justifications and Treatment Index scales than the non-sexually offending juveniles. These scaled differences present the largest problem in interpretation with regards to the
sample utilized here. That is, the Cognitive Distortions/Immaturity (CDI), Justifications and Treatment Index scales comprise the Accountability Scale and Indices portion of the MSI which contain sexual offense specific questions.

The CDI scale is designed to be a characterological scale and a measure of accountability; it is further intended to measure childhood cognitive distortions which contribute to the potential to later act out sexually (Nichols & Molinder, 1984). Certain questions in the CDI scale ask the respondent to qualify feelings pertaining to sexually aggressive acts (e.g., "I feel like a victim as a result of the accusations made against me"). While a juvenile who was incarcerated for any crime not sexual in nature could accurately respond to this question, it should be kept in mind that it was designed to poll for victim stance only in a sexual offender. Additionally, on the CDI, a score either two or more standard deviations above or below the mean is considered to be significant. Neither the sex offender group or the juvenile group scored in the significant
range. The adolescent sex offender group did, however, score within the expected range (3.924 - 8.756) for sexual offenders (Nichols & Molinder, 1984).

The Justifications scale is specifically designed to poll for justifications of sexually aggressive acts (Nichols & Molinder, 1984). These questions were disregarded by the juvenile sample. Thus, any significant difference existing between the samples utilized should be regarded as a "false positive" difference.

Lastly, the Treatment Index is intended as a measure a subject's openness to clinical treatment specific to sexual deviance (e.g., "I need help because I cannot control my sex thoughts", Nichols & Molinder, 1984). Thus, while the wording of certain questions on this scale may permit the juvenile delinquent to answer accurately, it should be kept in mind that this scale is intended to measure motivation for specific treatment of sexually aggressive behavior.

With these caveats in mind, other significant differences were noted between the two groups on the MSI. Specifically, the adolescent sex offender group
scored significantly higher on the Sex Deviance Scale - Child Molest Scale than did the juvenile group. This scale is designed to measure a pedophilic type of offender who uses manipulation and coercion in order to gain victim compliance (Nichols & Molinder, 1984). As the adolescent sexual offenders were all receiving some form of treatment for sexual offenses against children, this score correctly reflected the pattern of sexual deviance evinced by the sex offender population. Furthermore, adolescent sexual offenders scored significantly higher on the Gender preference of the Child Molest Scale indicating that the adolescent sexual offenders prefer both boys and girls as victims and objects of sexual fantasy in comparison to the juvenile delinquent sample. Additionally, adolescent sexual offenders preferred boy sexual objects and victims almost two to one over girl sexual objects and victims. This preference for boy victims correctly reflected the offenders’ victim selection components as the majority had sexually assaulted boys.

Strikingly, non-sexually offending juveniles scored significantly higher than the sexual offender
group on two of the Paraphilias (Atypical Sexual Outlet) subscales. Non-sexually offending juveniles scored significantly higher than the sex offender group on the Bondage/Discipline scale. Items on this scale reflect the desire to seek stimulation in what was previously consider a Sado-masochistic activity (Nichols & Molinder, 1984). Juvenile delinquents also had significantly higher scores than the sexual offenders on the Sado-Masochism scale. Items comprising the Sado-Masochism scale poll for cognitions and behaviors considered the most frightening of all elements in the MSI; items endorsed on this scale likely reflect the sexually polymorphous drives and interests of those characterized as rapists versus child molesters (Nichols & Molinder, 1984). Items endorsed on this scale reflect extreme aggression (e.g., "I have beaten a person during a sexual encounter") and disturbance of character.

Furthermore, the Bondage/Discipline scale is usually not elevated among normal subjects or, more importantly, among sexual offenders (Nichols & Molinder, 1984). This elevation may parallel
behavioral elevations noted on the CBCL-YSR; specifically the trend toward elevated Externalizing scores. The endorsement of Bondage/Discipline items (e.g., "I have gotten excited over the thought of tying someone up and having sex with them") may reflect a tendency to act out aggressions immediately, whereas the hallmark of adolescent sexual offenders is a cycle of extended fantasization followed by mental rehearsal and then the sexually aggressive act (Becker, Harris & Sales, 1993; Lane, 1991; Becker & Kaplan, 1988). However, there is no way to determine if the juvenile delinquent is engaging in the same pattern of fantasization as the adolescent sexual offender. Here, as noted in the literature, is perhaps where a critical link in sexual offending behavior has gone unexplained. Specifically, what cognitive framework, past experience, and/or environmental contingencies exist which determine sexual aggression as the mode of behavioral expression in the adolescent sexual offender and not the child characterized as only delinquent. Such questions may reflect those in the theoretical literature which have sought to determine whether
sexual aggression is, in fact, a separate entity from violence; that is, is sexual aggression merely a component of violence and delinquency or is it a larger, separate entity (Becker, Harris & Sales, 1993).

In summary then, the non-sexually offending group may engage in more violent behavioral acts which are not imbued with an air of secretiveness. It may be possible that the delinquent group, while similar to the sex offender group in terms of certain social aspects, engages, instead, in delinquent acts. These delinquent acts are not sexual in nature. It is possible that the absence of internalizing behaviors may be among the factors which prevent the juvenile from engaging in sexually aggressive acts. Immediate action, delinquent or otherwise, as a vent for a child's social or familial frustration, may prevent the emotional withdrawal that enables the sexual offender to brood and attempt to establish a means for reacquiring perceived loss of personal power. Whether or not those who commit sexual offenses are more sexualized or more prone to sexual stimulation remains unexplained.
Adolescent Sexual Offenders

Several theories pertaining to adolescent sexual offenders support this hypothesized cycle of internalizing behaviors, isolation, fantasization followed by overt sexual aggression. Ryan and her colleagues (1987) hypothesized that a Sexual Assault Cycle characterized the offenses of adolescent sexual offenders. The cycle follows a cognitive-behavioral dysfunction cycle and comprised of six steps: 1) negative self-esteem/self-image involving increasingly maladaptive coping strategies with negative responses turned inward on the self; 2) prediction of negative judgments and reactions from others by the offender; 3) isolation and withdrawal in response to predicted negative reactions from others; 4) fantasization to compensate for feelings of powerlessness or lack of control; 5) offense planning stage whereby fantasy provides the stage on which to act out a means to reacquire control, self-esteem and/or personal power; and 6) actual sexual offenses acted out which lead back to the negative self-imaging in the first step of the cycle (Ryan, Lane, Davis & Isaac, 1987).

Lane (1991) points out, subsequently, that
progression through the cycle is different for each individual and reflects the particular individual’s adequacy of maladaptive coping responses and tolerance of anxiety. Additionally, Lane (1991) points out that various stages may overlap on one another and the individual may plateau at various stages in the cycle. Lastly, Lane (1991) indicates that faster progression through the cycle depends on how frequently the individual uses the maladaptive coping response, whether response patterns become habituated and whether or not the offender focuses on the gratification obtained through the offending behavior or whether he focuses on the subsequent guilt and anxiety associated with the offense. Such offenses reflect, as mentioned previously, the extreme heterogeneity of adolescent sexual offenders. Further, the inability to clearly define the behavioral and cognitive repertoires of adolescent sexual offenders may be due to the fact that the individuals are in a developmental stage characterized by change and exploration. That is, delineating the sexual offenders sexually deviant repertoire may be difficult, if not impossible, due to
the extreme change characterized by adolescence itself.

Becker and Kaplan (1988) proposed a secondary theory which addressed issues surrounding individuals who continue to perpetrate sexual aggression and those who do not. Specifically, Becker and Kaplan (1988) hypothesized that the initial offense occurs as a result of various individual characteristics including those we have described as more internalizing in nature (e.g., social isolation/withdrawal; lack of assertiveness), non-sexual deviance, familial variables (e.g., poor family relations) and social-environmental factors (e.g., anti-social behavior, delinquency). Following the initial offense, Becker and Kaplan speculate that the individual may embark on one of three paths: 1) Dead-End Path in which no further offenses are committed; 2) Delinquency Path in with the individual commits other sexual offenses and engages in delinquent non-sexual acts; and 3) Sexual Interest Pattern/Path in which the individual continues to commit sexual crimes and develops a paraphiliac arousal pattern (Becker & Kaplan, 1988).

Additionally, Ryan (1991) provides a concise
background into the various theories of etiology of sexual offending among adolescents including: the Psychosis Theory (mental illness as the cause for sexual aggression); the Physiological Theory (espousing the view that sexual offenders have a neurological and/or hormonal condition which enables them to commit sexually aggressive acts); the Intrapsychic Theory (a Freudian-based theory in which sexually aggressive acts are the result of intrapsychic conflict between the sexual and aggressive drives); and Learning Theory (based on the theories of Pavlov, Skinner and Bandura in which the individual learns the deviant sexual behavior in response to paired stimuli, behavior, reward and punishment and observation and imitation, respectively). Moreover, developmental, cognitive, addictive and family systems theories exist to explain deviant sexual behavior in the adolescent. See Ryan (1991) for more detailed descriptions.

In the context of this study, however, little illumination is provided by the preeminent theories of sexual offending among adolescents as to why certain adolescents are disposed to act out characterological
crises sexually and others are not. Becker (1988) states that such distinctions between those sex offenders with deviant recurrent sexual fantasies and a preference for deviant sexual interests and those for which sexual aggression is part of a delinquent, conduct-disordered response style are somewhat blurred.

What seems clear is that the sexual offenders in this sample had a predisposition towards internalizing behaviors and, most likely, fell back on those behaviors (i.e., withdrawal and isolation) as a coping style. Conversely, the non-sexually offending group acted out their problems in an overt, delinquent response style. Disturbingly, however, the delinquents admitted to extreme violent sexual preferences on the MSI Paraphilias subscale. The delinquents did not appear to be hiding these preferences or engaging in any type of artifice to hide their sexual interests. In fact, the items endorsed by the juveniles on the Paraphilias scale seemed to reflect more overt behaviors (e.g., tying someone up during a sexual act). Conversely, such endorsements may reflect the possibility that the juveniles may escalate their
delinquent behavior into the realm of sexual aggression; such escalation of behavior has been noted previously in the literature for sexual offenders (Davis & Leitenberg, 1987; Longo & Groth, 1983). Escalation from delinquency into sexual aggression may indicate that sexual aggression is merely one component of delinquency and, therefore, violence, in general.

While the Sexual Abuse Cycle proposed by Ryan and her colleagues (1987) and by Lane (1991) fits the behavioral repertoires obtained by the adolescent sexual offenders in this sample, it still remains unclear as to what factor predisposes the adolescents to determine that sexual aggression will be their mode of expression. Moreover, no evidence was obtained in the course of this study that indicates that the delinquents were abstaining from sexual aggression in their primary relations for any particular reason or that they would not escalate their behavior repertoire at some point to include acts of sexual aggression.

Limitations

Due to the small sample size utilized for the adolescent sex offender and juvenile delinquent groups,
this study should be considered a preliminary analysis. However, despite the small sample size, significant results differentiating adolescent sex offenders and juvenile delinquents could be viewed as trends which, upon sample enlargement, could show more significant differentiation. Moreover, there exits the problem of relying only on the self-report of the participants, especially, the veracity, or lack of veracity, in the reporting of acts of sexual aggression.

Additionally, sampling procedures could be further standardized in future studies. That is, it was found with this particular sample that reading comprehension levels were significantly below par for students with junior high school grade level completion. While no measurement device employed in this study required a reading ability beyond the eighth grade (lower in some cases), the majority of participants sampled required assistance with word recognition and word meaning (i.e., definitions of words). In one sampling period, parts of the FES had to be read aloud to the subjects due to their inability to read the questions. Future efforts might attempt, before hand, to ascertain the
subjects' reading comprehension levels where paper and pencil measures will be used.

Lastly, as the MSI was designed specifically to measure the construct "sexual deviance" as defined by Nichols and Molinder (1984) in sexual offenders (i.e., those charged with a sexual offense or those referred for assessment due to sexually aggressive behavior), certain questions could not reasonably be answered by subjects who had not committed a sexually aggressive act (e.g., "My sexual offense happened because I was sexually abused"). While the MSI indicates that certain questions should be answered only if a specific behavior has been perpetrated by the subject (e.g., "When I had sex play with a kid in my family it turned me on [answer only if you have had sexual contact with children in your family]"), some questions, which specifically refer to offense related behavior, do not (e.g., "In some ways I was used by the person who reported me").

For this study, those questions which could be skipped, given the absence of the defined behavior, were disregarded by the non-sexually offending sample.
Moreover, those questions which referred to sexual offending behavior specifically were also disregarded by the non-sexually offending population. This led to the false elevation of the Justifications subscale as most of the questions sampled for behavior, cognitive or physical, related to sexually aggressive acts. Additionally, as the MSI was not designed for this type of sample or sampling behavior (i.e., disregarding certain questions based on sample characteristics), the statistical integrity of the results could be called into question. However, what is important to note, is while the MSI is designed for use with sexual offenders, information obtained pertaining directly to the construct sexual deviance may exist in those juveniles who, though from similar backgrounds and experience, do not go on to commit sexually aggressive acts. Further, it is reasonable to assume, based upon the literature, that cognitive and/or behavioral acts related to sexual deviance may be the key in distinguishing between troubled adolescents who commit sexually aggressive acts and those who do not.

Conclusion
In summary, future studies attempting to distinguish between adolescents who sexually offend and those who do not, would benefit from a significantly larger sample size and further standardization of sampling procedures based upon determination of base reading comprehension levels. Shorter sampling periods to prevent participant boredom and burn out are additionally required. Moreover, a need for theory derived measurement instruments which sample for the construct of sexual deviance as defined in the literature, such as the MSI, are needed which can be used with populations in general versus those which may be used only with adjudicated or referred participants.
References


Thomas, J. Child Sexual Abuse Victim Assistance Project, Research Foundation of Children’s Hospital, Washington, DC.

Table 1

T-tests of Between Group Differences

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<th>Variable</th>
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ASO = ADOLESCENT SEXUAL OFFENDER
NSOJ = NON-SEXUALLY OFFENDING JUVENILE
### Table 2

**Group Means and Standard Deviations on Dependent Measures**

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<tr>
<th>Dependent Measures</th>
<th>ASO Mean</th>
<th>ASO sd</th>
<th>NSOJ Mean</th>
<th>NSOJ sd</th>
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*P < .05  **P < .01

ASO = ADOLESCENT SEXUAL OFFENDER
NSOJ = NON-SEXUALLY OFFENDING JUVENILE
Table 2 'continued

<table>
<thead>
<tr>
<th>Dependent Measures</th>
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<th>SD</th>
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<tbody>
<tr>
<td>YSR Internalizing T-Score*</td>
<td>55.17</td>
<td>11.57</td>
<td>47.52</td>
<td>12.80</td>
</tr>
<tr>
<td>YSR Externalizing T-Score</td>
<td>57.09</td>
<td>10.29</td>
<td>61.78</td>
<td>15.64</td>
</tr>
<tr>
<td>YSR Total T-Score</td>
<td>56.65</td>
<td>12.82</td>
<td>55.74</td>
<td>14.23</td>
</tr>
</tbody>
</table>

*p < .05  **p < .01

ASO = ADOLESCENT SEXUAL OFFENDER
NSOJ = NON-SEXUALLY OFFENDING JUVENILE
Table 2 'continued

<table>
<thead>
<tr>
<th>Dependent Measures</th>
<th>ASO</th>
<th>NSOJ</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>sd</td>
</tr>
<tr>
<td><strong>FES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cohesion</td>
<td>36.83</td>
<td>21.61</td>
</tr>
<tr>
<td>Expressiveness</td>
<td>42.70</td>
<td>13.86</td>
</tr>
<tr>
<td>Conflict</td>
<td>58.61</td>
<td>14.47</td>
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<tr>
<td>Independence</td>
<td>42.48</td>
<td>14.29</td>
</tr>
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<td>Achievement Orientation</td>
<td>52.70</td>
<td>13.81</td>
</tr>
<tr>
<td>Intellectual Cultural</td>
<td>40.39</td>
<td>12.31</td>
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<tr>
<td>Orientation</td>
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<tr>
<td>Active Recreational</td>
<td>48.52</td>
<td>14.74</td>
</tr>
<tr>
<td>Moral Religious Emphasis</td>
<td>49.91</td>
<td>10.55</td>
</tr>
<tr>
<td>Organization</td>
<td>48.70</td>
<td>11.92</td>
</tr>
<tr>
<td>Control</td>
<td>58.13</td>
<td>10.04</td>
</tr>
</tbody>
</table>

*p < .01  *p < .05

ASO = ADOLESCENT SEXUAL OFFENDER
NSOJ = NON-SEXUALLY OFFENDING JUVENILE
Table 2 'continued

<table>
<thead>
<tr>
<th>Dependent Measures</th>
<th>ASO</th>
<th>NSOJ</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>sd</td>
</tr>
<tr>
<td><strong>MSI</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social/Sexual Desirability</td>
<td>26.83</td>
<td>5.22</td>
</tr>
<tr>
<td>Sexual Obsessions</td>
<td>6.00</td>
<td>3.80</td>
</tr>
<tr>
<td>Cognitive Distortion/Immaturity**</td>
<td>6.39</td>
<td>2.59</td>
</tr>
<tr>
<td>Justifications**</td>
<td>3.52</td>
<td>2.09</td>
</tr>
<tr>
<td>Treatment Attitudes**</td>
<td>4.00</td>
<td>1.71</td>
</tr>
<tr>
<td>Child Molest**</td>
<td>13.91</td>
<td>7.12</td>
</tr>
<tr>
<td>Rape</td>
<td>4.09</td>
<td>2.94</td>
</tr>
<tr>
<td>Exhibition</td>
<td>3.91</td>
<td>3.12</td>
</tr>
<tr>
<td>Gender/Girl**</td>
<td>.91</td>
<td>1.08</td>
</tr>
<tr>
<td>Gender/Boy**</td>
<td>1.09</td>
<td>1.08</td>
</tr>
<tr>
<td>Fetish</td>
<td>1.09</td>
<td>1.13</td>
</tr>
<tr>
<td>Voyeur</td>
<td>1.83</td>
<td>1.72</td>
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</tbody>
</table>

*P < .05 **P < .01

ASO = ADOLESCENT SEXUAL OFFENDER
NSOJ = NON-SEXUALLY OFFENDING JUVENILE
Table 2 'continued

Group Means and Standard Deviations on Dependent Measures

<table>
<thead>
<tr>
<th>Dependent Measures</th>
<th>ASO Mean</th>
<th>SD</th>
<th>NSOJ Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obscene</td>
<td>0.83</td>
<td>1.11</td>
<td>0.96</td>
<td>0.98</td>
</tr>
<tr>
<td>Bondage/Discipline*</td>
<td>0.65</td>
<td>0.89</td>
<td>1.44</td>
<td>1.53</td>
</tr>
<tr>
<td>Sado-Masochism*</td>
<td>0.39</td>
<td>0.78</td>
<td>1.48</td>
<td>1.50</td>
</tr>
<tr>
<td>Physical Disabilities</td>
<td>0.57</td>
<td>0.66</td>
<td>0.52</td>
<td>0.99</td>
</tr>
<tr>
<td>Impotence</td>
<td>0.57</td>
<td>0.66</td>
<td>0.70</td>
<td>1.02</td>
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<tr>
<td>Sex Knowledge and Beliefs Scale</td>
<td>15.04</td>
<td>3.64</td>
<td>13.70</td>
<td>2.65</td>
</tr>
</tbody>
</table>

*p < .05 **p < .01

ASO = ADOLESCENT SEXUAL OFFENDER
NSOJ = NON-SEXUALLY OFFENDING JUVENILE
Table 3

<table>
<thead>
<tr>
<th>Dependent Measure</th>
<th>T Value</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td>Withdrawn</td>
<td>1.39</td>
<td>561</td>
</tr>
<tr>
<td>Somatic Complaints</td>
<td>-.42</td>
<td>561</td>
</tr>
<tr>
<td>Anxious/Depressed</td>
<td>.89</td>
<td>561</td>
</tr>
<tr>
<td>Social Problems</td>
<td>.76</td>
<td>561</td>
</tr>
<tr>
<td>Thought Problems</td>
<td>.23</td>
<td>561</td>
</tr>
<tr>
<td>Attention Problems</td>
<td>.60</td>
<td>561</td>
</tr>
<tr>
<td>Delinquent Behavior</td>
<td>-.33</td>
<td>561</td>
</tr>
<tr>
<td>Aggressive Behavior</td>
<td>.59</td>
<td>561</td>
</tr>
<tr>
<td>Self-Destruct/Identity</td>
<td>-.45</td>
<td>561</td>
</tr>
<tr>
<td>Internalizing T-Score</td>
<td>.74</td>
<td>561</td>
</tr>
<tr>
<td>Externalizing T-Score</td>
<td>-.13</td>
<td>561</td>
</tr>
<tr>
<td>Total T-Score</td>
<td>.59</td>
<td>561</td>
</tr>
</tbody>
</table>

*P < .05 where f(561)=1.645

YSRa comparison group of referred boys (N=536)
Table 4

T-Tests Against Normative Groups by Dependent Measures for Non-sexually Offending Juveniles

<table>
<thead>
<tr>
<th>Dependent Measure</th>
<th>T Value</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td>Withdrawn*</td>
<td>1.85</td>
<td>557</td>
</tr>
<tr>
<td>Somatic Complaints*</td>
<td>2.10</td>
<td>557</td>
</tr>
<tr>
<td>Anxious/Depressed*</td>
<td>2.60</td>
<td>557</td>
</tr>
<tr>
<td>Social Problems*</td>
<td>2.53</td>
<td>557</td>
</tr>
<tr>
<td>Thought Problems</td>
<td>-.86</td>
<td>557</td>
</tr>
<tr>
<td>Attention Problems</td>
<td>1.07</td>
<td>557</td>
</tr>
<tr>
<td>Delinquent Behavior*</td>
<td>-4.63</td>
<td>557</td>
</tr>
<tr>
<td>Aggressive Behavior</td>
<td>-.95</td>
<td>557</td>
</tr>
<tr>
<td>Self-Destruct/Identity</td>
<td>.76</td>
<td>557</td>
</tr>
<tr>
<td>Internalizing T-Score*</td>
<td>3.72</td>
<td>557</td>
</tr>
<tr>
<td>Externalizing T-Score*</td>
<td>-1.99</td>
<td>557</td>
</tr>
<tr>
<td>Total T-Score</td>
<td>.91</td>
<td>557</td>
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</tbody>
</table>

*P < .05 where f(561)=1.645
YSRa comparison group of referred boys (N=536)
### Table 5

**T-Tests Against Normative Groups by Dependent Measures for Adolescent Sexual Offenders**

<table>
<thead>
<tr>
<th>Dependent Measure</th>
<th>T Value</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>YSRb</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Withdrawn</td>
<td>-1.37</td>
<td>561</td>
</tr>
<tr>
<td>Somatic Complaints*</td>
<td>-3.71</td>
<td>561</td>
</tr>
<tr>
<td>Anxious/Depressed*</td>
<td>-2.26</td>
<td>561</td>
</tr>
<tr>
<td>Social Problems*</td>
<td>-2.71</td>
<td>561</td>
</tr>
<tr>
<td>Thought Problems*</td>
<td>-2.75</td>
<td>561</td>
</tr>
<tr>
<td>Attention Problems*</td>
<td>-2.88</td>
<td>561</td>
</tr>
<tr>
<td>Delinquent Behavior*</td>
<td>-5.05</td>
<td>561</td>
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<tr>
<td>Aggressive Behavior*</td>
<td>-2.68</td>
<td>561</td>
</tr>
<tr>
<td>Self-Destruct/Identity*</td>
<td>-4.97</td>
<td>561</td>
</tr>
<tr>
<td>Internalizing T-Score*</td>
<td>-2.50</td>
<td>561</td>
</tr>
<tr>
<td>Externalizing T-Score*</td>
<td>-3.77</td>
<td>561</td>
</tr>
<tr>
<td>Total T-Score*</td>
<td>-3.29</td>
<td>561</td>
</tr>
</tbody>
</table>

*<.05 where f(561)=1.645
YSRb comparison group of non-referred boys (N=536)
Table 6

T-Tests Against Normative Groups by Dependent Measures for Non-sexually Offending Juveniles

<table>
<thead>
<tr>
<th>Dependent Measure</th>
<th>T Value</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td>Withdrawn</td>
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<td>557</td>
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<tr>
<td>Somatic Complaints</td>
<td>.16</td>
<td>557</td>
</tr>
<tr>
<td>Anxious/Depressed</td>
<td>.62</td>
<td>557</td>
</tr>
<tr>
<td>Social Problems</td>
<td>.37</td>
<td>557</td>
</tr>
<tr>
<td>Thought Problems*</td>
<td>-4.07</td>
<td>557</td>
</tr>
<tr>
<td>Attention Problems*</td>
<td>-1.85</td>
<td>557</td>
</tr>
<tr>
<td>Delinquent Behavior*</td>
<td>-10.94</td>
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<tr>
<td>Aggressive Behavior*</td>
<td>-4.64</td>
<td>557</td>
</tr>
<tr>
<td>Self-Destruct/Identity*</td>
<td>-2.90</td>
<td>557</td>
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<tr>
<td>Internalizing T-Score</td>
<td>1.18</td>
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</tr>
<tr>
<td>Externalizing T-Score*</td>
<td>-5.57</td>
<td>557</td>
</tr>
<tr>
<td>Total T-Score*</td>
<td>-2.62</td>
<td>557</td>
</tr>
</tbody>
</table>

*p < .05 where f(561)=1.645

YSRb comparison group of non-referred boys (N=536)
Table 7

T-Tests Against Normative Groups by Dependent Measures for Adolescent Sexual Offenders

<table>
<thead>
<tr>
<th>Dependent Measure</th>
<th>T Value</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cohesion*</td>
<td>3.37</td>
<td>149</td>
</tr>
<tr>
<td>Expressiveness*</td>
<td>1.88</td>
<td>149</td>
</tr>
<tr>
<td>Conflict</td>
<td>-1.13</td>
<td>149</td>
</tr>
<tr>
<td>Independence*</td>
<td>2.82</td>
<td>149</td>
</tr>
<tr>
<td>Achievement Orientation</td>
<td>-1.39</td>
<td>149</td>
</tr>
<tr>
<td>Intellectual Cultural Orientation*</td>
<td>5.24</td>
<td>149</td>
</tr>
<tr>
<td>Active Recreational Orientation*</td>
<td>1.92</td>
<td>149</td>
</tr>
<tr>
<td>Moral Religious Orientation</td>
<td>.51</td>
<td>149</td>
</tr>
<tr>
<td>Organization</td>
<td>-.32</td>
<td>149</td>
</tr>
<tr>
<td>Control*</td>
<td>-1.94</td>
<td>149</td>
</tr>
</tbody>
</table>

*p < .05

FES comparison group of five member families (N=124)
### Table 8

**T-Tests Against Normative Groups by Dependent Measures for Non-sexually Offending Juvenile Delinquents**

<table>
<thead>
<tr>
<th>Dependent Measure</th>
<th>T Value</th>
<th>df</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>FES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cohesion</td>
<td>.92</td>
<td>145</td>
</tr>
<tr>
<td>Expressiveness</td>
<td>.08</td>
<td>145</td>
</tr>
<tr>
<td>Conflict</td>
<td>1.25</td>
<td>145</td>
</tr>
<tr>
<td>Independence</td>
<td>0.00</td>
<td>145</td>
</tr>
<tr>
<td>Achievement Orientation</td>
<td>-.76</td>
<td>145</td>
</tr>
<tr>
<td>Intellectual Cultural Orientation*</td>
<td>-4.73</td>
<td>145</td>
</tr>
<tr>
<td>Active Recreational Orientation</td>
<td>.93</td>
<td>145</td>
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<tr>
<td>Moral Religious Orientation</td>
<td>.84</td>
<td>145</td>
</tr>
<tr>
<td>Organization</td>
<td>-1.59</td>
<td>145</td>
</tr>
<tr>
<td>Control</td>
<td>-.66</td>
<td>145</td>
</tr>
</tbody>
</table>

*P < .05

FES comparison group of five member families (N=124)
## Table 9

**Selected Multiphasic Sexual Inventory Critical Items**

<table>
<thead>
<tr>
<th>Item</th>
<th>ASO</th>
<th>NSOJ</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SEX DEVELOPMENT HISTORY SUBSCALE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(15) Since the age of 14 I have had sex with a girl 12 years of age</td>
<td>9</td>
<td>19</td>
</tr>
<tr>
<td>or older</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(28) I have or have had a steady girlfriend</td>
<td>15</td>
<td>20</td>
</tr>
<tr>
<td>(69) I have had many sex partners</td>
<td>6</td>
<td>23</td>
</tr>
<tr>
<td>(89) I have had sex with someone I have lived with</td>
<td>4</td>
<td>8</td>
</tr>
</tbody>
</table>

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### Table 10

**Selected Multiphasic Sexual Inventory Critical Items**

<table>
<thead>
<tr>
<th>Item</th>
<th>ASO</th>
<th>NSOJ</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SEX DEVIANCE DEVELOPMENT SUBSCALE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(191) I suspect my father forced himself sexually on my mother</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>(200) A member of my family has been in trouble because of his or her sexual behavior</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>(203) I have been charged with a sexual offense more than once</td>
<td>2</td>
<td>NA</td>
</tr>
<tr>
<td>(231) As a child I was punished when I got caught doing something sexual</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>(297) An older female (relative, friend, acquaintance or stranger) touched me sexually when I was a child</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>(276) An older male (relative, friend, acquaintance or stranger) touched me sexually when I was a child</td>
<td>4</td>
<td>3</td>
</tr>
</tbody>
</table>