NCSBY NATIONAL CENTER ON SEXUAL BEHAVIOR OF YOUTH
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# NCSBY Fact Sheet

## Adolescent Sex Offenders: Common Misconceptions vs. Current Evidence

Adolescent sex offenders (ASOs) are defined as adolescents from 13 to 17 who commit illegal sexual behavior as defined by the sex crime statutes of the jurisdiction in which the offense occurred. This fact sheet will inform juvenile justice professionals, child welfare personnel, educators, policymakers, clinicians, parents, and the general public about the current information on this population.

| COMMON MISCONCEPTIONS | CURRENT EVIDENCE |
|---|---|
| 1. Few sex crimes are committed by adolescents. | **ASOs commit a substantial number of sex crimes, including 17% of all arrests for sex crimes[1] and approximately 1/3 of all sex offenses against children.[2]** |
| 2. Only adolescent males commit sex offenses. | **Females under the age of 18 account for 1% of forcible rapes committed by juveniles and 7% of all juvenile arrests for sex offenses, excluding the category of prostitution.[3]** |
| 3. ASOs are curious about sexuality and do not commit serious sex offenses. | **While some illegal sexual behavior by ASOs is limited, such as touching a child over the clothes, other ASOs have extensive, aggressive sexual behavior including forced anal or vaginal intercourse.[4]** |
| 4. ASOs come from highly dysfunctional families. | **There is no specific family profile for ASOs.**<br><br>**No unique family pattern has been identified for ASOs.[4] The characteristics of ASO families are diverse and may or may not be considered dysfunctional.[5]** |

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| COMMON MISCONCEPTIONS | CURRENT EVIDENCE |
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| 5. ASOs were molested as children. | **Many ASOs were not sexually victimized as children.[4,7,8]**<br><br>**The self reported rates of sexual victimization of ASOs range from 20%[8] to 55%.[4] Several studies have shown higher rates of self-reported physical abuse than sexual abuse.[8]** |
| 6. ASOs will become adult sexual offenders. | **Current research shows that the sexual re-offense rate for ASOs who receive treatment is low in most US settings.[9]**<br><br>**Studies suggest that the rates of sexual re-offense (5 – 14%) are substantially lower than the rates for other delinquent behavior (8 – 58%).[10,11] The assumption that the majority of ASOs will become adult sex offenders is not supported by the current literature.[12]** |
| 7. ASOs need long-term (3–5 years) intensive therapy (2–5 sessions per week). | **Many ASOs are successfully treated in shorter, less intensive treatment programs.**<br><br>**Many ASOs are seen in outpatient group treatment programs that meet once a week for 8 to 28 months.[13]** |
| 8. ASOs should be placed in secure, residential treatment facilities. | **Most ASOs can safely remain in the community during treatment.[6]**<br><br>**Some ASOs need residential placement; however, there is some professional consensus that most ASOs can be treated on an outpatient basis. Decisions about placement in residential or incarcerated settings should depend on community safety and treatment issues. The possible negative effects of out-of-home placement, such as increased risk of socialization into a delinquent lifestyle, negative peer influences, weakening of family ties, absence of parental involvement in treatment, and disruption of normal adolescent social development, should be considered.** |
| 9. ASOs have other serious psychological disorders. | **Many ASOs do not have other major psychological problems.**<br><br>**Some ASOS have serious psychological problems, including conduct disorders, depression, and learning disabilities that need to be addressed during treatment.[4]** |
| 10. ASOs should not attend public schools. | **Many ASOs can safely attend public schools and participate in school activities such as sports programs, the band, or the school newspaper.[14]** |

| COMMON MISCONCEPTIONS | CURRENT EVIDENCE |
|---|---|
| 11. There are instruments that can determine whether or not an adolescent is at high risk to re-offend. | **There is currently no test or scientifically validated instrument that can reliably determine if an adolescent will commit a subsequent sex offense.[15] There are instruments (J-SOAP-II, ERASOR-2) under development to assess, with reliability and validity, the risk for future sex offenses by adolescents.** |
| 12. ASOs are similar in most ways to adult sex offenders. | **Most ASOs differ from adult sex offenders in several ways.**<br><br>**ASOs are different from adult sex offenders in that they have lower recidivism rates, engage in fewer abusive behaviors over shorter periods of time, and have less aggressive sexual behavior.[16]** |

Additional information about adolescent sex offenders and children with sexual behavior problems is available from the **National Center on** Sexual Behavior of Youth, www.ncsby.org.

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