

Frequently Asked Questions about Adolescent Sex Offenders (ASOs)

1. What % of sex offenses are committed by adolescents?

Adolescents commit a substantial number of sex offenses, including 17% of all arrests for sex offenses and approximately 33% of all sex offenses against children.

2. Do adolescent females 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. What types of sex offenses do adolescents commit?

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. Are families of adolescent sex offenders highly dysfunctional?

There is no specific profile or unique family pattern for the family of an ASO. The characteristics of ASO families are diverse and may or may not be considered dysfunctional.

5. Were ASOs sexually abused as children?

Many ASOs were not sexually victimized as children. The self-reported rates of sexual victimization of ASOs range from 20% to 55%. Several studies have shown higher rates of self-reported physical abuse than sexual abuse.

6. Will ASOs become adult sex offenders?

Current research shows that the sexual re-offense rate for ASOs who receive treatment is low in most US settings. Studies suggest that the rates of sexual re-offense (5-14%) are substantially lower than the rates for other delinquent behavior (8-58%). The assumption that the majority of ASOs will become adult sex offenders is not supported by the current literature.

7. Do ASOs need long-term, intensive therapy?

Many ASOs are successfully treated in shorter, less intensive, outpatient group treatment programs that meet once a week for 8 to 28 months.

8. Should ASOs be placed in secure, residential treatment facilities?

Most ASOs can safely remain in the community during treatment. 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 should be considered, such as increased risk of developing a delinquent lifestyle, negative peer influences, weakening of family ties, absence of parental involvement in treatment, and disruption of normal adolescent social development.

9. Do ASOs have serious psychological disorders?

Many ASOs do not have other major psychological problems. Some ASOs have serious psychological problems, including conduct disorders, PTSD, depression, and learning disabilities, that need to be addressed during treatment.

10. Can ASOs 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.

11. Can ASOs live in the community?

Most ASOs can safely remain in the community during treatment. 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 needs.

12. Are there instruments that can determine whether or not an ASO 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. There are instruments (J-SOAP-II, ERASOR-2) under development to assess, with reliability and validity, the risk for future sex offenses by adolescents. At this time, these instruments should be used with caution.

13. Do ASOs have the same characteristics as adult sex offenders?

ASOs differ from adult sex offenders in several ways. 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.

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