

Typology of AISB: An Update

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There have been several attempts to define subtypes of adolescents with illegal sexual behavior (AISB), which would allow a better understanding of their supervision needs, the etiology of the behavior, case management, their responsiveness to treatment, and their level of risk for recidivism. Clinically-based typologies may be useful in planning interventions, but they should be used with caution as they have not been empirically tested. Clinical typologies are important because they can potentially guide interventions.

Perhaps the simplest typology involves subdividing adolescents with illegal sexual behavior by the type of their offense (e.g., illegal sexual behavior against peers vs. children vs. mixed groups or others) or by characteristics of their victims (e.g., male vs. female victims, interfamilial vs. extra familial). These distinctions have been the most commonly used to date.

In general, adolescents with illegal sexual behavior against children appear to be different from adolescents who assault peers, although the behaviors are not mutually exclusive. Compared with peer rapists, adolescents who molest children have been found to be younger and have less social competence, less peer sexual activity, and fewer conduct problems (Krauth, 1998). Personality differences also have been found between these two groups, with adolescents who molest children appearing more dependent, withdrawn, and self-critical than peer rapists (Carpenter, Peed, & Eastman, 1995).

The earliest and most detailed clinical typology was developed by O'Brien and Bera (1986) from their PHASE outpatient treatment program. This typology was useful for treatment providers because it was both descriptive (i.e., describing common characteristics, backgrounds, and motivations for each type) and prescriptive (i.e., suggesting treatment targets and levels of care needed for each type). The categories were (1) naïve experimenters, (2) undersocialized child molesters, (3) narcissistic child molesters, (4) sexual aggressives, (5) sexual compulsives, (6) disturbed impulsives, and (7) group influenced. Becker and Kaplan (1988) proposed differentiating among three groups of adolescents: one with emerging paraphilic interests, a second with generalized conduct disorder, and a third with self-limited exploratory behavior. Although these typologies were useful in the development of the field, none of the clinical typologies has been empirically validated (Becker, 1998).

Research on the personality characteristics of these adolescents has identified some clusters that are not dissimilar from the clinical typologies discussed above. Smith, Monastersky, and Deisher (1987) identified four groups of MMPI profiles: a shy, overcontrolled and socially isolated group; a narcissistic, disturbed, insecure, and argumentative group; an outgoing, honest, yet occasionally explosive group; and an impulsive, mistrustful, and undersocialized (i.e., delinquent) group. More recent work (Worling, 2001) suggested

four somewhat similar personality clusters: an unusual and isolated group, a confident and aggressive group, an overcontrolled and reserved group, and an antisocial and impulsive group. These personality subgroups were not found to be related to sexual behavior history, but they were related to general (i.e., predominantly non-sexual) recidivism, with the antisocial-impulsive and unusual-isolated groups having higher rates of future nonsexual offenses.

In emerging typological research, Hunter (2006) has suggested that adolescents with illegal sexual behavior who molest young children may arrive at their behavior via different developmental pathways than those who offend against pubescent victims. In this study, offenders against young children, referred to as "Adolescent Onset, Non-Paraphilic," included a sizeable subset characterized by psychosocial inadequacies, an expectation of rejection and ridicule by peers, a preference for the company of younger children, and youth who primarily offended against prepubescent females. The author

posited that the sexual offending by this type of youth is experimental or opportunistic in nature. It was also hypothesized that the outcome of treatment for these youth would be positive as long as they did not become involved in drugs and with highly delinquent peers. The second subset was described as youth who engaged in oppositional and aggressive behaviors early in life and continued through adulthood. These youth were referred to as "Life Style Persistent" and were typified by youth who offend against pubescent and postpubescent females. These youth tended to have negative outcomes, with more antisocial behavior than the other groups of AISB and the highest percentage of posttreatment arrests for nonsexual reoffenses. The third group of AISB was referred to as "Early Adolescent Onset, Paraphilic"

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and was seen as developing paraphilic interests. These youth had more prepubescent male victims than the other two subtypes and were predicted to have the highest percentage of posttreatment arrests for sexual reoffenses.

Risk Assessment

The development of an accurate typology may also have implications for risk assessment of illegal sexual behavior of adolescents. Studies comparing groups of adolescents with illegal sexual behavior have found generally low recidivism rates (Parks & Bard, 2006). Research has recently focused on developing valid risk assessment instruments for adolescents. While valid instruments have been developed and found to be successful with adult sex offenders (e.g., Barbaree, Seto, Langton, & Peacock, 2001), the development of risk assessment instruments for adolescents is still in process (Prentky, Harris, Frizzell, & Righthand, 2000; Prentky & Righthand, 2003; Worling & Curwin, 2001). Due to the generally low rates of recidivism for treated adolescents, the identification of reliable risk factors to predict recidivism is continually being refined.

The following instruments are currently under development to assess risk in male AISB:

- **Juvenile Sex Offender Assessment Protocol-2 (J-SOAP-2)** (Prentky & Righthand, 2003). This is a 28-item experimental instrument designed to assess risk in male adolescents who have been adjudicated for sexual offenses, or who have not been adjudicated but are known to have a history of sexually abusive behavior. Each of the 28 items represents a risk factor. The items are divided into four scales: Sexual Drive-Preoccupation, Impulsive-Antisocial Behavior, Intervention, and Community Stability-Adjustment. Reliability and validity data are currently being obtained for this revised version of the original

J-SOAP. (For additional information, see NCSBY.org and csom.org/pulse/JSOAP.pdf.)

- **The Estimate of Risk of Adolescent Sexual Offense Recidivism-2 (ERASOR-2)** (Worling & Curwin, 2001) is an empirically guided checklist designed to estimate the short-term risk of a sexual reoffense by a youth aged 12–18. It includes dynamic (N=16) and static (N=9) items for a total of 25 risk factors. The five scales of the instrument are Sexual Interests, Attitudes, and Behaviors; Historical Sexual Assaults; Psychosocial Functioning; Family-Environmental Functioning; and Treatment. Preliminary data supported the reliability and item composition of the original ERASOR (Worling, 2004), and research is continuing on this instrument. (For additional information, see NCSBY.org and springerlink.com/index/U6542U878562J631.pdf.)

The authors note that the Erasor-2 is an instrument under development and should not be used to make predictions about adolescent recidivism at this time. While the accurate assessment of risk for future illegal sexual behavior continues to be a developing field, two factors are important to note: (a) the field is making a concerted effort to develop instruments that are valid and reliable in assessing risk in adolescents and, more important, (b) studies continue to report low recidivism rates for future illegal sexual behavior by adolescents.

Treatment

Adolescents with illegal sexual behavior are a diverse group, and as such, it would seem likely that different types of adolescents would benefit from certain types of treatment based on their personality, offense history, developmental status, or typology. A definitive typology for these adolescents would help to determine the type



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of treatment that would be most effective with an individual adolescent. For example, adolescents with a sex offense and a severe delinquent history might benefit more from a social ecological model, such as MST, versus a traditional, group therapy program focusing on their sexual behavior. This would allow for improved clinical outcomes and, possibly, enhanced legal management of these types of cases (Hunter, 2006). Further research is needed in this area, but until then, clinicians must rely on their judgment in designing treatment plans for these adolescents. Clinicians should be conscious of the changing nature of adolescents with illegal behaviors as they mature and be prepared to adjust treatment plans accordingly (Hunter, 2006).

Public Policy and Legal Management

Public policy has become increasingly harsh for adolescents with illegal sexual behavior, based largely on the belief that the rates of sexual reoffenses are high (Caldwell, 2002; Letourneau & Miner, 2005; Chaffin & Bonner, 1998). Even the lowest-risk adolescents with illegal sexual behavior are being subjected to harsh restrictions, such as public registrations, which may have long-term consequences (Parks & Bard, 2006). As a result of the lack of empirically-based support of risk assessment instruments and group distinctions, adolescents are being subjected to generic treatment models and harsh punishments (Parks & Bard, 2006). Based on the above discussion, it is clear that mental health and legal professionals should work together to coordinate comprehensive and individualized plans for their clients. These plans should work with the dual purpose of individualized treatment for adolescents and their families and ensuring community safety (Hunter, 2006).

Conclusion

Adolescents with illegal sexual behavior are a diverse population with varying characteristics and levels of risk. Although more research is needed in this area, emerging research does suggest that these adolescents can be subtyped into distinct categories that may enhance treatment, risk assessment, and legal management.

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