

# Juvenile Sexual Offenders: Dynamics of the Sexual Offenses

Cinsel Suçlara Yönelen Çocuk Failler: Cinsel Suçların Dinamikleri

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ABSTRACT

For the perpetrator who directs the sexual act to the individual; different definitions can be made in terms of the modus operandi, the personality characteristics, the mental disorders, the repetition of the crime and the characteristics of the victim. This study aims to determine the risk factors and personality traits of adolescents who are perpetrators of sexual crimes and who are thought to be driven to crime, to examine how crime is committed or how crime history classifications are created, and to contribute to crime and behavioral sciences, penological interventions and rehabilitation initiatives by creating a different perspective. According to the results of the cases, perpetrators of sexual assault are mostly characterized as a heterogeneous group. Therefore, it is thought that reducing the perpetrators into homogeneous groups regarding their specific characteristics will facilitate the judicial process in order for the justice mechanism to function correctly.

**Keywords:** Sexual assault, sexual abuse, juvenile sex offenders, risk factors, offender typology

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Cinsel eylemi bireye yönelten fail için; suçun işlenişi, failin kişilik özellikleri, failde mevcut ruhsal bozukluklar, suçun tekerrürü ve mağdurun özellikleri bakımından farklı tanımlamalar yapılabilmektedir. Bu çalışma cinsel suçların faili konumunda bulunan ve suça sürüklendiği düşünülen ergenlerin risk faktörlerini ve kişilik özelliklerini belirlemeyi, suçun işlenişi ya da suç öyküsü sınıflandırmalarının nasıl oluşturulduğunu incelemeyi, suç ve davranış bilimlerine, penolojik müdahalelere ve rehabilitasyon girişimlerine farklı bir bakış açısı oluşturarak katkı sağlamayı amaçlamaktadır. Adli olguların sonuçlarına göre cinsel saldırı failleri çoğunlukla heterojen bir grup olarak nitelendirilmektedir. Dolayısıyla faillerin belirli özelliklerine göre homojen gruplara indirgenmesinin, adalet mekanizmasının doğru bir şekilde işleyebilmesi adına yargı sürecine kolaylık sağlayacağı düşünülmektedir.

Anahtar Sözcükler: Cinsel saldırı, cinsel istismar, cinsel suçlara yönelen çocuklar, risk faktörleri, fail tipolojisi

## Introduction

According to the comprehensive definition of World Health Organization, sexual violence is any attempt of sexual act, conducted sexual violence, unwanted sexual comments or assaults by the victim that are done by using any type of violence and coercion directly or indirectly against the bodily integrity of the individual by any person regardless of their relationship with the victim (their degree of proximity, bond) in settings including the home and work (WHO 2002, 2011). Depending on the description of sexual violence, sexual assault is a type of crime where body integrity of the victim is violated. From this description, any action of the offender against the integrity of the victim can be classified as sexual assault (TCK (Turkish Penal Code) 2004).

On the other hand, sexual abuse is defined as the exploitation of a child by an adult for sexual stimulation and satisfaction, forcing the child into prostitution, and use of the child as a sexual commodity for crimes such as pornography etc. (Nurcombe 2000, Polat 2000). Sexual abuse has a wide range of actions described such as exhibitionism towards the child, pornography, touching the genitalia or insertion of an organ or another item into the body cavities (Polat 2000, Polat 2017).

The profile of the victim changes according to who is exposed to sexual crime actions. While sexual abuse states the exposure of a child or a juvenile whose psychosexual development is incomplete and considered underage to sexual acts, the victim is considered psychosexually developed in a sexual violence (Burt and Estep 1981, Polat 2017). According to the research, different problems were faced both psychologically, developmentally and

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socially in the individuals who were exposed to sexual abuse at early ages when compared with the individuals who were exposed to sexual abuse later in life (Kara et al. 2004, Kurtay et al. 2004, Taner and Bahar 2004). According to the literature, it is known that male individuals who were exposed to sexual abuse have the risk to be an abuser later in life as well (Kaseweter et al. 2016, Hunter 2017, Ueda 2017). A similar distinction can be applied for any offender that conducts any sexual act towards an individual. Different descriptions are made for the offender in terms of the modus operandi for the offense, personality traits of the offender, existing mental disorders of the offender, recidivism of the offense and the characteristics of the victim (Connell 2000. Fe Koch 2004, Easton et al. 2013, Ueda 2017). The definition of the sexual abuse offense has been broadened in terms of the definition of the abuse with its qualified forms with the amendment made to the Turkish Penal Code by the Law No. 6545 in 2014. Therefore, the offender has been qualified as abuser also in the legal sense. Different from the abuser, the offender of the sexual assault has been described according to the age of victim of the sexual act (TCK 2004).

According to results of the forensic cases, the offenders of the sexual assault are qualified as a heterogenous group (Vess and Skelton 2010, Gannon et al. 2012). On the other hand, the reduction of the offenders to homogenous groups with respect to certain traits enables the judicial mechanism to operate properly (Martínez-Catena et al. 2017). The offenders can be analyzed under different groups according to the characteristics of the victim of the sexual act, the context in which the act is done, the modus operandi for the act and the personality traits of the offender (Woodworth et al. 2013). The main characteristics of the offenders and the risk factors that affect their behaviors are in question in terms of the nature of the offense. The risk factors are divided into two groups as static and dynamic. According to this distinction, static factors are difficult to change regardless of intervention from the environment, (root family, mental retardation, age etc.) while dynamic factors are factors that can change positively with appropriate interventions (Harkins and Beech 2007, Whitaker et al. 2008, Abbey et al. 2011).

Regarding the static risk factors, age is of critical importance in the classification of the offenders. In this context, juvenile sexual offenders constitute a significant part of the sexual assault and sexual abuse offenders (Joyal et al. 2016). Generally starting with the age of 12 and being under the age of 18, the Juvenile Sexual Offender (JSO) who is the offender of the sexual act differs from the other sexual offenders with regards to the field-specific assessments and treatment programs as well as the recidivism of the offense and possible sexual dysfunctions (Worling and Curwen 2000, Fanniff and Becker 2006, Reitzel and Carbonell 2006).

Penological approaches to the sexual assault and sexual abuse offenses are concerned with topics such as how the sentence of the offender will be executed, re-shaping the thought and behavioral patterns that include offense and the treatment of the mental disorders, if any (Farmer et al. 2016). Nevertheless,

it is understood that JSOs differ from the adult groups in terms of risk factors and offender typology as a result of detailed examinations today.

The aim of this study is to determine the risk factors of the juvenile offenders that are in the position of sexual abuse or sexual assault and the possible mental disorders and/or personal traits of their developmental history as well as how the typologies based on the modus operandi for the offense or criminal history are formed based on the literature, and to make contributions by developing a point of view for the criminology and behavioral sciences, the penological interventions and the rehabilitation attempts.

## Juvenile Sexual Offenders (JSOS)

Juvenile sexual offenders' cases are examined with the help of homogenous groups that can unite on some common points in terms of certain characteristics even though they seem to be heterogenous at first glance. The determination of the subgroups among the JSOs are both important for the etiology of the sexual offenses and necessary for the rehabilitation and the treatment of the children and juveniles that happen to be offender at early ages.

According to the studies conducted, two main JSO classifications are determined. While the first of these are qualified in accordance with the criminal history of the offender, the second one is determined in accordance with the age of the victim against whom the offender directed the act (Butler and Seto 2002, van Wijk et al. 2007). The JSOs are categorized according to the age of the victim of the sexual act. Therefore, the JSOs are divided into two sub-groups as the group that chooses pre-adolescent children as victim and those who commit sexual act against their peers and the adults (Seto and Lalumière 2010, Keelan and Fremouw 2013). While the offenders that sexually abuse children younger than themselves are called sexual abusers, the group that is guilty of sexual acts against their peers are called peer abuser. According to the studies, these two groups differ in terms of behavioral problems and socioeconomical factors (Aebi et al. 2012, Leroux et al. 2016).

It is observed that these two groups separated by the range of their victims' age also differ in terms of the risk factors. In the literature, the risk factors are examined under the titles of individual and environmental. The individual risk factors are divided into four sub-titles as mental health, psychosocial traits, personality traits and cognitive abilities. Through this categorization method, the researchers refer to a more explanatory approach among the children who sexually abuse younger children and the peer abusers.

## **Individual Risk Factors**

Among the psychosocial trait variables, there are low self-confidence, dysphoria and social isolation (Ueda 2017). In the studies, it is found out that the psychosocial functions such as self-esteem and social isolation including dysphoria where

two groups are compared are lower among the children who sexually abuse younger children than the peer abusers (Hunter et al. 2003). Similarly, according to the findings of the research by Hendriks and Bijleveld (2004) and van Wijk et al. (2006), it is determined that the children who sexually abuse younger children received higher points in terms of neuroticism. The social isolation dimension in JSOs is a factor that predicts offense at a high rate, as in the adult sexual abusers. Exposing to social isolation at early ages can increase unusual sexual activities and impulsivity. The self-esteem is found to be lower in the children who sexually abuse younger children than the peer abusers (Gunby and Woodhams 2010).

All previously diagnosed psychiatric disorders of the JSOs are analyzed in terms of mental health. The mental disorders are caused by the effects of the developmental and environmental factors and interact with the other risk factors in the occurrence of the offense (Ueda 2017). In this respect, mental disorders can both be the reason and the result of the offense depending on outcomes of the offense.

According to many studies in the literature, the frequency of having at least one psychiatric diagnosis in the forensic juvenile cases is between %70 and %90 (Fazel et al. 2008, Colins et al. 2009). One of the factors causing the occurrence of mental disorders is the childhood traumas (Stewart et al. 2004, Carr et al. 2013, MacMillan et al. 2013). Experiences such as physical abuse and emotional abuse can cause the child to develop Post-Traumatic Stress Disorder, depression, substance use disorder and extrinsic disorders that may lead the child to turn into crime. Especially emotional abuse, contrary to popular opinion, is thought to pave the way for anxiety, depression, psychosomatic disorders and personality disorders as well as to contribute to the development of psychosis as much as physical abuse at least (Spertus et al. 2003).

From a study comparing the mental condition among JSOs, no statistically significant difference was found (Glowacz and Born 2013). Nonetheless, more psychopathological findings (55%-33%) were obtained in the children who sexually abuse younger children in comparison with the peer abusers (Hendriks and Bijleveld 2004). While the findings of clinical depression and the rates of anxiety in particular were higher in the children who sexually abuse younger children, the peer abusers were found to have a higher comorbidity in substance use disorders compared to the other group. However, other studies conducted point out the high rates of substance use by children who sexually abuse younger children. Tendency of an adolescent with high anxiety to substance use is thought to be coping strategy (Comeau et al. 2001).

Existing risk factors playing a role in the sub-grouping of JSOs and the factors comprising of the sub-group have a wide range of effects from the choice of the JSOs for the victim to whom the act will be done to the execution of the act. They are separated from the adult offenders in terms of risk factors. Considering that particularly the antecedents forming the personality occur during adolescence, the personality disorders that can

be diagnosed in the adults remain at the behavioral level in the children. Thus, risk factors of the adults and the examination of the typologies put forward the predictiveness of the antisocial behavioral antecedents in the childhood.

The personality traits sub-dimension describes the traits that is more like a behavioral disorder such as antisocial behaviors and undiagnosed intrinsic or extrinsic disorders. As the predictors of antisocial personality pattern, the Oppositional Defiant Disorder and the Conduct Disorder are analyzed in terms of the personality traits dimension. Oppositional Defiant Disorder is a disorder in which the child displays anger, irritable mood or oppositional behaviors for a period of at least six months (American Psychiatric Association 2013). Conduct Disorder has similar characteristics with the Oppositional Defiant Disorder but differs by its distinctive behavioral patterns such as noncompliance with the social norms. Although Conduct Disorder is classified as a mental disorder according to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), not every child with this diagnosis displays antisocial personality disorder later in life (American Psychiatric Association 2013). On the other hand, it is not considered correct to diagnose the adolescents with antisocial personality disorder with the thought that the personality has not completed its development yet. Additionally, more behavioral symptoms stand out during the examination of the risk factors (Adshead et al. 2012).

The symptoms regarding the Attention Deficit-Hyperactivity Disorder are considered to as an extrinsic disorder due to the problems that arise especially in the social context towards parents and the environment. (American Psychiatric Association 2013). In addition to these, the unusual sexual activities are also analyzed in the personal sub-dimension. The personality traits differ among the JSOs in terms of the individuals' ways of reflecting their emotions, thoughts and behaviors.

According to the studies, while the children who sexually abuse younger children behaved in a more submissive and conformist manner in reaction to the problems that they experienced, the peer abusers are detected to showed more antisocial and extrinsic reactions besides being diagnosed with conduct disorder at high rates (van der Put and Asscher 2015, Joyal et al. 2016). In the study by Aebi et al. (2012), it was detected that the children who sexually abuse younger children showed relatively lower aggressive behaviors than the peer abusers.

Antisocial behavior is defined as harming others or damaging properties consciously in narrow sense. According to the development theorists, antisocial behavior cannot be stereotyped generally. Therefore, the antisocial behavioral patterns are analyzed in 4 different sub-dimensions as authority conflict dimension, covert dimension, overt dimension and reckless dimension (LeBlanc and Loeber 1998). In the authority conflict dimension, obstinacy, oppositional defiant behavior and rebellious attitude against the authority figures at home, school or in social environment stand out. The covert dimension takes place more latently, unlike the overt dimension of the antisocial behavior. Deceiving, fraud and lying frequently explain this

pattern of behavior. The overt dimension takes place in a structure that can easily be observed from the outside. Physical aggression and violence are the most important indicators. The reckless dimension is described by repetitive threatening behaviors such as unprotected sexual intercourse, repeating dangerous behaviors without learning, seeking excitement consistently (LeBlanc and Loeber 1998). According to the study by LeBlanc and Loeber (1998), many of the behaviors observed in the sub-dimension are displayed by individuals periodically. At least one of the behaviors such as obstinacy, biting, kicking and swearing appears at early ages at a rate of 90%. Nevertheless, only a part of children at adolescence display authority conflict, covert, overt and reckless dimensions together. On the other hand, observing authority conflict behavior before the age of 12 is evaluated as a risk for the settlement of the antisocial behavior. However, it is emphasized that these oppositional defiant behaviors are also a requirement of the normal development with adolescence (Moffitt, 1993).

In the three pathways theoretical model by Loeber et al. (1994), the authority conflict dimension, the covert dimension and the overt dimension represent the three pathways of the pyramidal model. According to this model, the individuals who go through this development generally start to conflict with the authority and later, display covert and overt antisocial behaviors. It is detected that the JSOs displaying these three behavioral patterns together get involved in more violent crimes more frequently (Howell et al. 1995, Loeber et al. 2001).

Forensic child cases can be distinguished according to their behaviors related to the covert and overt dimensions. However, the forensic child cases with behavioral patterns that are described by any dimension do not only display behaviors of only one dimension. According to Loeber et al. (1993), the forensic child cases with more than one behavioral pattern different in quality get involved in crimes more often than other children who do not display behavioral pattern more than one. As discussed in the same study, the groups that display antisocial behaviors in covert and overt dimensions get involved in crimes at earlier ages than the group with low antisocial characteristics. The forensic child cases that display antisocial behaviors in the covert and overt dimensions commit crimes with increasing frequency and severity. Considering the family dimension, more crime history, alcohol and substance use and mental disorders were detected in the families of the forensic child cases examined in the group with covert and overt antisocial behavioral patterns compared to the low antisocial group. In the latent class analysis, it was found out that the frequency and the severity of the sexual offenses by the groups with covert and overt antisocial behavioral patterns increased over time (Butler and Seto 2002, McCuish et al. 2015). For example, the sexual offenses observed in the overt group can be the indicator of the increasing aggression and violent behavior and the JSOs examined in the overt group can resort to violence when faced with resistance. It was found that the JSOs examined in the overt group were more likely to display bullying behaviors in order to get what they wanted and that they were more likely to have bullied the victim previously due to their distinctive dominative natures (McCuish et al. 2015).

On the other hand, the JSOs examined in the covert group follow a deceptive way the sexual acts of which are well-hidden. It has been detected that this behavioral pattern mostly plays an active role mostly in the selection of the victim who is not able to report the offense (children with mental disabilities or minors unaware of sexuality etc.) after the sexual act takes place and that the selected target group are the individuals with reduced ability to evaluate their behaviors so that they cannot defend themselves (McCuish et al. 2015). The JSOs examined in the covert group were detected to have an attitude of mind that pursues opportunities rather than acting upon their personal preferences and to carry out their criminal acts frequently in an opportunistic manner (Ford and Linney 1995, Seto and Lalumière 2010).

In terms of atypical and unusual sexual activities, no significant difference is observed between the two groups. However, it was detected that the children who sexually abuse younger children have higher level of (57.7% - 41.3%) bizarre sexual fantasies than the children who sexually abuse their peers or older children (Joyal et al. 2016).

The cognitive abilities are qualified in accordance with the scores that the JSOs receive from the intelligence tests based on their intellectual functions. In the comparison studies between the children who sexually abuse younger children and the children who sexually abuse their peers or older children, no significant difference was found in their IQ levels (Hsu and Starzynski 1990). However, unlike this conclusion, it was detected in the study by van Wijk et al. (2006) that the children who sexually abuse younger children received higher scores (126.63 – 108.60) in the Raven Matrices Intelligence Test than the other group.

#### **Environmental Risk Factors**

The family sub-dimension is separated into two groups as childhood history and family characteristics. The childhood history focuses on the sexual abuse stories that the JSOs have experienced. According to the studies, the rate of the offenders being a stranger that has never been encountered is less than 20% in the cases of sexual abuse (Finkelhor 2009). Therefore, the sexual abuse history should be evaluated under the family sub-dimension. On the other hand, the characteristics of the family are determined to be family income, parent effectiveness, criminal history in the family and witnessing domestic violence (Ueda, 2017)..

Regarding the structure and the function of the family, there are some differences between the children who sexually abuse younger children and the peer abusers. According to the study by Gunby and Woodhams (2010), the children who sexually abuse younger children grow up in disrupted family structures, while the peer abusers grow up in family structures where controlling is less and the borders are unclear. Additionally, it was detected among the family members of the peer abusers have more criminal history than their family members. Low level of income and domestic violence are risk factors for both group at similar levels. Nonetheless, according to the study by Fanniff and Becker (2006), it was detected that the children who sexually abuse younger children witnessed more domestic violence.

The risk factors in the dimension of friends are examined in terms of being bullied, peer relationships and friendship with other peers that have criminal history dimension. The children who sexually abuse their peers or older children differ from the children who sexually abuse younger children in point of having more impulsive personality traits (Leroux et al. 2016). According to the studies, it was detected that the forensic child cases maintain their relationships with their friends that are similar to them. From this point of view, the peer abusers can build relationship with their peers who have criminal history and commit offenses together (Joyal et al. 2016). It was also detected that the children who sexually abuse younger children were shyer, more in the background and lonelier (Ueda 2017). Besides, it was observed that the children who sexually abuse younger children had also the history of peer bullying (Hunter et al. 2003, Hendriks and Bijleveld 2004, Gunby and Woodhams 2010).

It is thought that the JSOs continue to commit sexual acts repeatedly as adult individuals due to the structure of the sexual offenses. The recidivism of the offense is described as the offender's repetition of the same crime or the criminal behavior of the same group before they are condemned or after the execution is completed. Besides, the traits of the offender/suspect, that is their typology and the risk factors that they have developed so far, provide basis for the recidivism of the offense. When the recidivism of the offense is taken as a basis, many evidence-based risk factors have been determined as a result of examinations on the offenders of the sexual acts (Mann et al. 2010).

It was observed that the offenders/suspects of the sexual act or the sexual abusers had less antisocial behavioral patterns than other offenders (Langevin and Curnoe 2014). However, sexual acts are evaluated as an offense in terms of the thoughts and behaviors that can disrupt the social order. Sexual ruminations are regarded as one of the psychological risk factors. Sexuality can be used as a self-treatment method that is misdeveloped by the individual when faced with self-definition or stressors. For the individuals that are sexual offenders, sexual activities can be on an obsessional level rather than romantic relationships. Since the sexuality is not mostly satisfactory for the offenders with hard sexual activities, the offenders can maintain their seeking for pleasure. This can be explained as paraphilia in psychiatric context (Långström et al. 2004). The multiple paraphilias are described as two or more unusual and socially distorted sexual interest in people, objects or activities (Laws and O'Donohue 2008). Especially in terms of committing the sexual offense repetitively, the most common paraphilias among the sexual offenders are detected as pedophilia, exhibitionism and voyeurism (Kaseweter et al. 2016). According to the meta-analysis research by Hanson and Morton-Bourgon (2004) on the risk factors, another risk factor that causes the sexual act to develop and is the predictor of the usual offense's recidivism is that the offender sexually prefers the children that are in preadolescent or adolescent period. It is thought that this preference may be due to the individuals' misperception of the social environment that they live in.

According to the psychology literature, making up excuses means rationalizing the thoughts and behaviors that they refer to negatively (D'Urso et al. 2019). On the other hand, Mann and Shingler (2006) claim that the sexual offenders resort to this action so as not to compromise on their self-esteem and selfimage. For the individuals with aggression-supportive attitudes, legalizing the offense and making up an excuse for the offense are predicted as a risk factor in the sexual assault and sexual abuse cases. The thoughts of the sexual offenders that the child enjoys this sexual act, that the sexuality between the adult and the child does no harm or that the children are also acceptive sexually are considered as aggression-supportive attitudes in this context (Szlachcic et al. 2015). Besides, according to the two different meta-analysis research, the existence of few or no romantic relationship between the adult partners was determined to be a statistically significant risk in terms of the formation and the recidivism of the sexual offense (Hanson and Bussière 1998, Hanson and Morton-Bourgon 2004). Therefore, the lack of romantic relationship history can also be the indicator of atypical sexual activities (Blanchard and Bogaert 1997).

According to Mann et al. (2010), the level of recidivism is higher in the individuals with uncontrolled and impulsive nature. Low self-control, change of job and residence continuously, inconsistency with daily routines, being unable to make decisions in order to take responsibility and the unrealistic long-term goals predict the high-risk sexual offender profile. The deviancy in the process of decision-making also draws the attention of the researchers. The deviancy in the poor problem-solving skills and the coping attitudes have an important place in the formation of criminal behaviors. Accordingly, low problem-solving skills represent the cognitive disability in producing effective solutions for the daily problems. The offenders can avoid from the problems that they face or develop ineffective problem-solving methods (Mann et al. 2010).

As another factor constituting the recidivism of the sexual offense, the defense mechanisms are described as the reactions of the individuals to protect their personalities against the stress factor that they face. In the risk assessment conducted on the offenders, it was determined that the dysfunctional defense mechanisms are used frequently. It was detected that the sexual offenders generally responded with sexual reactions or expressive behaviors when encountered with stressful situations. Therefore, the use of sexual assault by the offenders against the anger, anxiety, rejection and humiliation points out the dysfunctionality of the defense mechanisms. In the situations where sexuality is used as a defense mechanism, the main motivation of the offender is built on the use of sexuality as a solution to life difficulties that cause negative emotions (Cortoni and Marshall 2001). Except for being deviant or normal, the sexual behavior reveals itself generally as a relationship where emotional connection is ignored and the partner constantly changes. The sexual offenders that use sexuality as a defense mechanism explain that the frequency of their sexual fantasies and masturbation increases generally in stressful situations. From this point of view, a high level of relationship between the negative emotions and the sexual

behaviors of the sexual abusers and sexual offenders has been detected (McKibben et al. 1994, Whitaker et al. 2008).

The existence of disorders that can provide basis for the antisocial behavioral patterns such as oppositional defiant disorder and conduct disorder in the childhood can cause antisocial personality disorder that is characterized by the behaviors against the authority in the adulthood. According to the Bridgewater research data, it was detected that the behaviors against the rules and the control are one of the predictor factors for the sexual offense and its recidivism during the ten-year follow-up (Knight and Thornton 2007).

## **Conclusion**

In this study, the classifications and systematic categorizations of the risk factors of the sexual offenders/abusers and sexual aggressors were analyzed based on the literature. It was detected that sexually aggressive behaviors and reactions for these behaviors increased coordinately with the development and the expansion of the communication networks. As a field of the forensic sciences, the penology and the behavioral sciences concentrate on the development of the appropriate penological approaches considering the prevention of the offenses and the rights of the individuals. The determination of the purposes for which the offender performs the behavior and whether this behavior is repeated in the sexual abuse and sexual assault cases is a protective-preventive initiative for both the individuals and the society. Besides, the analysis of the developmental histories of the individuals and the determination of the possible criminal histories or the antisocial behavior indicators are necessary for the prevention of the offense. The determination of the different risk factors, developmental histories and the modus operandi of the sexual abuse and/or sexual assault offenders as well as the offender typologies that is important in terms of the recidivism of the offense will ensure that the judicial process which will prevent the exhaustion (repeatedly traumatization) of the victim is shortened and that the offender is punished with the appropriate sanctions.

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### References

Abbey A, Jacques-Tiura AJ, LeBreton JM (2011) Risk factors for sexual aggression in young men: An expansion of the confluence model. Aggress Behav, 37:450-464.

Adshead G, Brodrick P, Preston J (2012) Personality disorder in adolescence. Adv Psychiatr Treat, 18:109-118.

Aebi M, Vogt G, Plattner B (2012) Steinhausen HC, Bessler C, Offender types and criminality dimensions in male juveniles convicted of sexual offenses. Sex Abuse, 24(3):265–288.

American Psychiatric Association (2013) Diagnostic and Statistical Manual of Mental Disorders, 5th edition. Washington DC, American Psychiatric Association.

Blanchard R, Bogaert AF (1997) Additive effects of older brothers and homosexual brothers in the prediction of marriage and cohabitation. Behav Genet, 27:45-54.

Burt MR, Estep RE (1981) Who is a victim? definitional problems in sexual victimization. Victimology, 6:15-28.

Butler S, Seto M (2002) Distinguishing two types of adolescent sex offenders. J Am Acad Child Adolesc Psychiatry, 41:83–90.

Carr CP, Martins CM, Stingel AM, Maria A, Braga LV (2013) Francisco M. The role of early life stress in adult psychiatric disorders: A systematic review according to childhood trauma subtypes. J Nerv Ment Dis, 201:1007-1020.

Colins O, Vermeiren R, Schuyten G, Broekaert E (2009) Psychiatric disorders in property, violent and versatile offending in detained male adolescents. Am J Orthopsychiatry, 79:31–38.

Comeau N, Stewart SH, Loba P (2001) The relations of trait anxiety, anxiety sensitivity, and sensation seeking to adolescents' motivations for alcohol, cigarette, and marijuana use. Addict Behav, 26:803-825.

Connell RW (2000) The Men and the Boys. Los Angeles, University of California Press  $\,$ 

Cortoni F, Marshall WL (2001) Sex as a coping strategy and its relationship to juvenile sexual history and intimacy in sexual offenders. Sex Abuse, 13:27-44.

D'Urso G, Petruccelli I, Costantino V, Zappulla C, Pace U (2019) The role of moral disengagement and cognitive distortions toward children among sex offenders. Psychiatry, Psychology and Law, 26:414-422.

Easton SD, Saltzman LY, Willis DG (2013) Would you tell under circumstances like that? Barriers to disclosure of child sexual abuse for men. Psychol Men Masc, 15:460-469.

Fanniff AM, Becker JV (2006) Specialized assessment and treatment of adolescent sex offenders. Aggress Violent Behav, 11:265–282.

Farmer M, McAlinden AM, Maruna S (2016) Sex offending and situational motivation: Findings from a qualitative analysis of desistance from sexual offending. Int J Offender Ther Comp Criminol, 60:1756-1775.

Fazel S, Doll H, Langström N (2008) Mental disorders among adolescents in juvenile detention and correctional facilities: A systematic review and metaregression analyses of 25 surveys. J Am Acad Child Adolesc Psychiatry, 47:1010-1019.

Fe Koch K (2004) Child sexual abuse prevention: feminism, masculinity, and preventing the socialization of future offenders. Master of Arts. Toronto, University of Toronto.

Finkelhor D (2009) The prevention of childhood sexual abuse. Future Child, 19:169-194.

Ford ME, Linney JA (1995) Comparative analysis of juvenile sexual offenders, violent non-sexual offenders, and status offenders. J Interpers Violence, 10:56-70.

Gannon TA, Terriere R, Leader T (2012) Ward and Siegert's pathways model of child sexual offending: A cluster analysis evaluation. Psychol Crime Law, 18:129-153.

Glowacz F, Born M (2013) Do adolescent child abusers, peer abusers, and non-sex offenders have different personality profiles? Eur Child Adolesc Psychiatry, 22:117–125.

Gunby C, Woodhams J (2010) Sexually deviant juveniles: Comparisons between the offender and offence characteristics of "child abusers" and "peer abusers. Psychol Crime Law, 16:47-64.

Hanson RK, Bussière MT (1998) Predicting relapse: A meta-analysis of sexual offender recidivism studies. J Consult Clin Psychol, 66:348-362.

Hanson RK, Morton-Bourgon KE (2004) Predictors of Sexual Recidivism: An Updated Meta-Analysis. Ottawa, Public Works and Government Services Canada

Harkins L, Beech AR (2007) A review of the factors that can influence the effectivenessof sexual offender treatment: Risk, need, responsivity, and process issues. Aggress Violent Behav, 12:615-627.

Hendriks J, Bijleveld CCJH (2004). Juvenile sexual delinquents: Contrasting child abusers with peer abusers. Crim Behav Ment Health, 14:238-250.

Howell JC, Kriberg B, Jones M (1995) Trends in juvenile crime and youth violence. In A Sourcebook: Serious, Violent, & Chronic Juvenile Offending (Eds JC Howell, B Krisberg, JD Hawkins, JJ Wilson). California, Sage.

Hsu LKG, Starzynski J (1990) Adolescent rapists and adolescent child sexual assaulters. Int J Offend Ther Comp Criminol, 34(1):23–30.

Hunter JA (2017) The sexual crimes of juveniles. Practical aspects of rape investigation: A multidisciplinary approach 5th Edition (Eds RR Hazelwood, AW Burgess). New York, CRC Press.

Hunter JA, Figueredo AJ, Malamuth NM, Becker JV (2003) Juvenile sex offenders: Toward the development of a typology. Sex Abuse, 15:27-48.

Joyal CC, Carpentier J, Martin C (2016) Discriminant factors for adolescent sexual offending: On the usefulness of considering both victim age and sibling incest. Child Abuse Negl, 54:10–22.

Kara B, Biçer Ü, Gökalp A (2004) Çocuk istismarı. Çocuk Hastalıkları ve Sağlığı Dergisi, 47:140-151.

Kaseweter K, Woodworth M, Logan M, Freimuth T (2016) High-risk sexual offenders: Towards a new typology. J Crim Justice, 47:123-132.

Keelan CM, Fremouw WJ (2013) Child versus peer/adult offenders: A critical review of the juvenile sex offender literature. Aggress Violent Behav, 18:732–744.

Knight RA, Thornton D (2007) Evaluating and Improving Risk Assessment Schemes for Sexual Recidivism: A Long-Term Follow-Up of Convicted Sexual Offenders. Document No. 217618, Washington, U.S. Department of Justice.

Kurtay D, Özkök S, Barlık Y, Kurtay A, Akman E (2004) Çocuk İhmal ve İstismarına Multidisipliner Yaklaşım. Aydın, T.C. Başbakanlık Sosyal Hizmetler ve Çocuk Esirgeme Kurumu.

Langevin R, Curnoe S (2014) Psychological profile of sex offenders using weapons in their crimes. J Sex Aggress, 20:55–68.

Långström N, Sjöstedt G, Grann M (2004) Psychiatric disorders and recidivism among sexual offenders. Sex Abuse, 16:139-150.

Laws DR, O'Donohue WT (2008) Sexual Deviance: Theory, Assessment, and Treatment. 2nd edition. New York, Guilford Press.

LeBlanc M, Loeber R (1998) Developmental criminology updated. J Crime Justice, 23:115-198.

Leroux EJ, Pullman LE, Motayne G (2016) Victim age and the generalist versus specialist distinction in adolescent sexual offending. Sex Abuse, 28:79–95.

Loeber R, Farrington DP, Stouthamer-Loeber M, Moffitt TE, Caspi A, Lynam D (2001) Male mental health problems, psychopathy, and personality traits: Key findings from the first 14 years of the Pittsburgh Youth Study. Clin Child Fam Psychol Rev, 4:273-297.

Loeber R, Hay DF (1994) Developmental approaches to aggression and conduct problems. In Development through Life: A Handbook for Clinicians (Eds M Rutter, DF Hay). London, Blackwell Scientific Publications.

Loeber R, Wung P, Keenan K, Giroux B, Southamer-Loeber M, Van Kammen WB et al. (1993). Developmental pathways in disruptive child behavior. Dev Psychopathol, 5:103-133.

MacMillan HL, Tanaka M, Duku E, Vaillancourt T, Boyle MH (2013) Child physical and sexual abuse in a community sample of young adults: Results from the Ontario Child Health Study. Child Abuse Negl, 37:14-21.

Mann RE, Hanson RK, Thornton D (2010) Assessing risk for sexual recidivism: Some proposals on the nature of psychologically meaningful risk factors. Sex Abuse 22:191-217.

Mann RE, Shingler J (2006) Schema-driven cognition in sexual offenders: Theory, assessment and treatment. In Sexual Offender Treatment: Controversial Issues, (Eds WL Marshall, YM Fernandez, LE Marshall, GA Serran):173-185. New York, Wiley.

Martínez-Catena A, Redondo S, Frerich N, Beech AR (2017) A dynamic risk factors—based typology of sexual offenders. Int J Offender Ther Comp Criminol, 61(14):1623-1647.

McCuish EC, Lussier P, Corrado RR (2015) Examining antisocial behavioral antecedents of juvenile sexual offenders and juvenile non-sexual offenders. Sex Abuse, 27(4):414-438.

McKibben A, Proulx J, Lusignan R (1994) Relationships between conflict, affect and deviant sexual behaviors in rapists and pedophiles. Behav Res Ther, 32:571-575.

Moffitt TE (1993) Life-course-persistent and adolescent-limited antisocial behavior: A developmental taxonomy. Psychol Rev, 100:674-701.

Nurcombe B (2000) Child sexual abuse I: Psychopathology. Aust NZ J Psychiatry, 34:85-91.

Polat O (2000) Adli Tip. İstanbul, Der Yayınları.

Polat O (2017) Tüm Boyutlarıyla Çocuk İstismarı-I, 2. Baskı, Ankara, Seçkin Yayıncılık.

Reitzel LR, Carbonell JL (2006) The effectiveness of sexual offender treatment for Juveniles as measured by recidivism: A meta-analysis. Sex Abuse, 18:401–421.

Seto MC, Lalumière ML (2010) What is so special about male adolescent sexual offending? A review and test of explanations through meta-analysis. Psychol Bull, 136:526-575.

Spertus KW, Yehuda R, Wong CM, Halligan S, Seremetis SV (2003) Childhood emotional abuse and neglect as predictors of psychological and physical symptoms in women presenting to a primary care practice. Child Abuse Negl, 27:1247-1258.

Stewart AJ, Steiman M, Cauce AM, Cochran BN, Whitbeck LB, Hoyt DR (2004) Victimization and posttraumatic stress disorder among homeless adolescents. J Am Acad Child Adolesc Psychiatry, 43:325–331.

Szlachcic R, Fox S, Conway C, Lord A, Christie A (2015) The relationship between schemas and offence supportive attitudes in mentally disordered sexual offenders. J Sex Aggress, 21:318-336.

Taner Y, Bahar G (2004) Çocuk istismarı ve ihmali, psikiatrik yönleri. Hacettepe Tıp Dergisi, 35:82-85.

TCK (Türk Ceza Kanunu) (2004). Ankara. Available from https://www.mevzuat.gov.tr/MevzuatMetin/1.5.5237.pdf. (Accessed 18.01.2020).

Ueda M (2017) Developmental risk factors of juvenile sex offenders by victim age: An implication for specialized treatment programs. Aggress Violent Behav, 37:122-128.

van der Put CE, Asscher JJ (2015) Protective factors in male adolescents with a history of sexual and/or violent offending: A comparison between three subgroups. Sex Abuse, 27:109-126.

van Wijk A, Mali S, Bullens R (2007) Juvenile sex-only and sex-plus offenders: An exploratory study on criminal profiles. Int J Offender Ther Comp Criminol, 51:407-419.

van Wijk A, van Horn J, Bullens R, Bijleveld C. Doreleijers TA (2005) Juvenile sex offenders: A group on its own? Int J Offender Ther Comp Criminol, 49:25-36.

van Wijk A, Vermeiren R, Loeber R, 't Hart-Kerkhoffs L, Doreleijers T et al. (2006) Juvenile sex offenders compared to non-sex offenders: A review of the literature 1995-2005. Trauma Violence Abuse, 7:227-243.

Vess J, Skelton A (2010) Sexual and violent recidivism by offender type and actuarial risk: Reoffending rates for rapists, child molesters and mixed-victim offenders. Psychol Crime Law, 16:541-554.

Whitaker DJ, Le B, Hanso KR, Baker CK, Baker CK, McMahon PM, Ryan G et al. (2008) Risk factors for the perpetration of child sexual abuse: A review and metaanalysis. Child Abuse Negl, 32:529-548.

Woodworth M, Freimuth T, Hutton EL, Carpentera T, Agar AD, Logan M (2013) High-risk sexual offenders: An examination of sexual fantasy, sexual paraphilia, psychopathy, and offence characteristics. Int J Law Psychiatry, 36(2):144-156.

WHO (2002) World Report on Violence and Health- Sexual Violence. Geneva, World Health Organization.

WHO (2011) Violence Against Women – Intimate Partner and Sexual Violence Against Women. Geneva, World Health Organization.

Worling JR, Curwen T (2000) Adolescent sexual offender recidivism: Success of specialized treatment and implications for risk prediction. Child Abuse Negl, 24:965-982.