Preface

One of the tasks of the National Board of Health and Welfare is to support the scientific development of social services. It is doing so partly within the framework of a development project (the KUB Project) in which sexual abuse of children forms one of several thematic fields. Some 20 remits have been entrusted to experts in a variety of scientific fields. Their expert reports provide the National Board of Health and Welfare with documentation on which to base policy decisions concerning sexual abuse of children.

Chartered Social Worker Cecilia Kjellgren, Municipality of Kristianstad, has been commissioned by the National Board of Health and Welfare to compile a survey of current knowledge and methods relating to young sexual offenders.

Cecilia Kjellgren’s account has been examined by the GRUF Project (GRUF: Group Therapy for Young Sexual Offenders). The persons contributing viewpoints are associated with BUP-Elefanten, Linköping, the Boys Clinic at the Swedish Save the Children, Stockholm, the Kristianstad Social Welfare Authority, and Vasa PBU, Stockholm.

We hope that this report will contribute towards a growth of knowledge and understanding concerning young sexual offenders.

Under the rules applying to expert reports from the KUB Project, the authors alone are responsible for the content and conclusions presented.

Lars Pettersson
Deputy Director-General
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Summary

Survey reports from the USA, the UK and the Netherlands, as well as Swedish Statistics, indicate that a substantial proportion of all sexual offences are committed by young persons. Many sexual offenders have exhibited deviant sexual behaviour in early years.

Identification of young people who sexually offend can be viewed as a preventive task serving manifold purposes. It is important both to stem a development which in certain young persons could lead to permanent offensive behaviour, and also to prevent individuals falling victim to sexual abuse.

Researchers and clinics emphasise the importance of observing sexual deviation in children. They also stress the importance of not confusing children and young persons in this respect – of not referring to and regarding children as “offenders”. It is important to avoid stigmatisation and to observe that children and young persons respectively have different therapeutic needs and are amenable to different pedagogical methods.

Researchers evaluating the importance of various background factors have come to the conclusion that no single factor or experience on its own leads to the development of sexually offensive behaviour in a young person. If anything it is a combination of factors, e.g. personal experiences of abuse, attachment problems, the dynamics of the family, experience of violence within the family, behavioural problems, and deficient social competence which, coupled with sexual drive, induces young persons to become sexual offenders.

The experience accumulated in Sweden by the police, social services, therapists, institutional staff and others who have encountered problems concerning young sexual offenders have yet to be charted and systematised to any greater extent. The present report describes a methods project relating to young sexual offenders, the GRUF Project (Group Therapy for Young Sexual Offenders), which lasted from 1996 to 1999. The agencies included in the project were BUP-Elefanten, Linköping, the Boys Clinic at the Swedish Save the Children, Stockholm, the Kristianstad Social Welfare Authority and Vasa PBU, Stockholm. The aim was to develop knowledge concerning the assessment and treatment of young persons committing sexual offences. Experience from that project forms the basis of the present report, together with international experience and research.

It should be possible for a young sexual offender to be offered an array of treatment alternatives – from more instructional, outpatient treatment to inpatient, institutionalised care. This work can proceed at individual, group and family levels. Treatment is primarily concerned with measures to prevent the repetition of abuse.
Relapse rates can be used as a yardstick for evaluating the efficacy of treatment. Up till now, international post-treatment follow-up has been limited and of varying quality. A digest of 22 studies of the treatment of young offenders shows that in two-thirds of them the relapse rate is given as less than 10 per cent after treatment. The results argue that the treatment of young sexual offenders is meaningful.
Introduction

Survey reports from the USA, the UK and the Netherlands, as well as Swedish Statistics, indicate that a substantial proportion of all sexual offences are committed by young persons. Many sexual offenders have exhibited deviant sexual behaviour in early years. British crime figures for 1989 show that 32 per cent of all sexual offenders were under 21 and that 17 per cent were under 16 (National Children’s Home, 1992). Research has shown that in a large proportion of adults committing sexual offences, the onset of this behaviour occurred before they were 18. In one study of 561 male adult offenders convicted of a large number of sexual offences, 54 per cent were found to have developed deviant sexual interests as teenagers (Abel & Rolleau, 1990). For an exhaustive review of research, see Långström, 2000.

Identification of young sexual offenders can be viewed as a preventive task serving manifold purposes. It is important both to stem a development which in certain young persons could lead to permanent offensive behaviour, and also to prevent individuals falling victim to sexual abuse. Thus identifying abusive acts, responding to the actions of a young girl or boy with clarifications and adequate treatment, is an important measure both for the individual teenager and for the prevention of further abuse in future.

The experience accumulated in Sweden by the police, social services, therapists, institutional staff and others who have encountered problems concerning young sexual offenders have yet to be charted and systematised to any greater extent. A methods project concerning young sexual offenders, the GRUF Project (Group Therapy for young Sexual Offenders), was conducted between 1996 and 1999. The project was funded by the National Board of Health and Welfare (Kjellgren, 1997, 1998). The agencies included in the project were BUP-Elefanten, Linköping, the Boys Clinic at the Swedish Save the Children, Stockholm, the Kristianstad Social Welfare Authority and Vasa PBU, Stockholm. The aim was to develop knowledge concerning the assessment and treatment of young persons committing sexual offences. Experience from that project forms the basis of the present report, together with international experience and research.

The present report deals among other things with definitions, the dynamics of abuse, treatment and a professional approach.

Definitions

Sexual offences
Uncertainty can sometimes occur as to what should be regarded as expressions of normal sexuality between young persons and what amounts to abuse. Voluntary sexual contacts, sexual experimentation and exploration between young persons can assume many different forms. Normal sexuality
between coevals is reciprocal – a sexuality which both of them desire and consent to. In order to be able to judge whether situations are of an abusive character, one must be able to evaluate closely the conditions of interaction and the quality of the events. One definition of what can be deemed sexual abuse in this connection has been formulated as follows by Ryan and Lane (1991). An adolescent sex offender is a person who commits a sexual act against some other person, regardless of age:

- against the victim’s will,
- without consent, or
- in an aggressive, exploitive or threatening way.

In order to distinguish acts of an experimental nature from acts which are exploitive, according to Ryan (1991) one can resort to the concepts of consent, equality and authority.

In order to distinguish normal sexual activities from those which are involuntary and thus abusive, we need to evaluate the existence of consent. Consent is made up of several elements. In order to consent to an act, one must:

- understand the proposal,
- understand the implications of the behaviour,
- be aware of possible consequences.

Adamas and Fay (1984) have developed a definition which is useful for clarifying consent as a concept:

“Consent is based on choice. Consent is active, not passive. Consent is possible only when there is equal power. Forcing someone to give in is not consent. Going along with something because of wanting to fit in with the group is not consent. If you can’t say no comfortably then yes has no meaning. Nothing. If you are unwilling to accept no, then yes has no meaning.”

In other words, in order for consent to exist, one must be equivalent, one must have understood the intention of the act, one must have been able to perceive its implications and consequences. One must have power and influence over the situation, i.e. a free choice of decision.

Certain researchers put a limit on the age difference which has to exist between victim and offender in order for the act to be regarded as an offence. The above definition makes the age of the victim immaterial to judging the existence of abuse. Sexually coercive behaviour is a serious matter, whatever the victim’s age – the victim may then be younger, coeval or older.

**Various forms of sexual abuse**

Sexual abuse can take place through a variety of acts. American and British literature often employs the terms “hands on” and “hands off” to distinguish
between the existence and absence of physical contact between victim and offender.

*Hands off abuse* can mean a number of behaviours, e.g.:

- Exhibitionism. An exhibitionist is a person with a repetitive desire/compulsion to display his or her genitals and in this way achieve a release of mental tension.
- Voyeurism. The voyeur is also referred to as a “peeping Tom”. This is behaviour on the part of a person with a repetitive desire/compulsion to look covertly at other persons while they are undressing, using the toilet or in sexual situations (Hertoft, 1987). Exhibitionism and voyeurism occur mainly among young and adult men.
- Fetishism – sexual infatuation with certain objects/materials. The individual procures or steals, for example, underclothing or articles used as sex objects.
- Obscene phone calls and obscene letters.

*Hands on abuse with physical contact* can mean:

- Rubbing oneself against another person sexually, also termed *frottage*.
- Sexual touching.
- Oral/sucking behaviour.
- Penetration (anal, oral or vaginal).

Research and experience from work with clients have shown that both young persons and adults committing sexual offences can present more than one kind of sexually deviant behaviour. It is not always the case that a person commits *one* particular kind of sexual offence, for example that “an exhibitionist just exposes himself and never touches anyone”. The exhibitionist may also be sexual with a child (Abel, 1985).

The consequences for the victim of a sexual offence generally differ according to a host of different factors, such as relation to the offender, the nature and the extent of the abuse, the involvement of physical violence and other people’s reactions. The same applies when the offender is a young person.

**Young sexual offenders**

A young sexual offender can be defined as a person between the ages of 13 and 18. Young people of this age are at different stages of puberty and have not yet come of age. For research purposes, the category sometimes includes persons up to and including the age of 20, but in clinical work the reference is more commonly to the 13-18 age group.

In Sweden, this latter definition tallies with penal provisions related to young persons as compared with adults. When a young person under 18 commits a sexual offence (or any other crime), a prosecutor or court, exercising powers under the *Young Offenders (Special Provisions) Act* (LUL), can call on the social services to provide necessary care. A person aged 18
or over and convicted of a sexual offence is instead usually given a criminal sentence or referred to forensic psychiatry.

Social Services and therapists sometimes have dealings with children under the age of 13 who have sexual behavioural problems. A child under 13 can sexually abuse another child, with serious consequences for the victim. The offending child may be sexually aggressive or sexually coercive, or present some other problematic sexual behaviour. Children with these problems need help appropriate to their age, e.g. individual or group treatment with psychologically instructional techniques concerning sexually accepted behaviour, limits and how to achieve emotional proximity without sexualised behaviour, together with trauma-oriented therapy and any other protection the child may need (Bentovim, 1998). Models for the assessment and treatment of these children have been developed, for example, in the UK and the USA. In the UK, Madge Bray has developed a special form of institutional treatment (Leaps and Bounds, Shropshire) for dealing with the problems of this age group. Therapeutic work is described, for example, by Bentovim et al (1998), Gil et al (1993) and Johnson (1991). In Sweden, therapeutic work with children who have these problems is conducted, for example, at BUP-Elefanten in Linköping, which since 1997 has been working with group therapy based on an age-adapted, structured programme.

**Important not to call children “offenders”**

Researchers and clinicians emphasise the importance of observing sexual deviation in children. They also stress the importance of not confusing children with young persons in this respect – of not referring to and regarding children as “offenders”. It is important to avoid stigmatisation and to observe that children and young persons respectively have different therapeutic needs and are amenable to different pedagogical methods.

The present report mainly describes work and approaches concerning young sexual offenders between the ages of 13 and 18. No further consideration will be given to problems of sexually abusive children under the age of 13.

Young sexual offenders can thus be said to be girls and boys mostly between the ages of 13 and 18. The victim may be younger, coeval or older.

Just as with adult sexual offenders, 95 per cent are of the male sex (Fehrenbach, 1988). One may ask whether these figures reflect actual incidence or whether there are factors making it more difficult for young female offenders to be discovered. The same discussion occurs on the subject of adult female offenders: “…identifying and reporting is especially difficult in the case of a young female offender, due to the self-evident right, ease of access and original relationship of women to children in our society.” (National Adolescent Perpetrator Network, NAPN, USA, 1988). In Fehrenbach’s study (1988) it is remarked that young female sexual offenders commit serious abuse, most often in a situation where they have responsibility for a child.
British therapists have concentrated on working with young female offenders within a project called Kaleidoscope (Erooga et al, 1999). In their experience, there are more similarities than differences between boys and girls who sexually abuse. They refer to factors contributing towards abusive behaviour, the manner of abuse and amenability to treatment. The consequences to the victim are often just as serious as when the young offender is of the male sex. They note that the biggest difference between boys and girls who sexually abuse seems to consist in societal and professional reactions to their behaviour.

Discovering and reporting abuse

The discovery that a young person is committing sexual abuse is usually made by a person closely connected with the victim. A child may tell day nursery staff about sexual experiences with a teenager, a child may come home and tell its parents about playing with someone who is older, or parents may discover something about their child after it has been entrusted to a baby-sitter. When abuse takes place within the family, information is for the most part more limited. In exceptional cases, an older sibling may joke, naively and unsuspectingly, with peers about things happening to a younger sibling. Sometimes a younger child may tell someone at school about things happening with an older sibling.

As with all suspicions of sexual abuse, it is essential that anyone suspecting that something is wrong should not overreact and make a mountain out of a mole hill. But, equally importantly, nor should one neglect or play down incidents as a passing phase. For the sake of children’s protection, everyone coming in the course of their work to suspect that a child is suffering is duty-bound to convey their worries to the social services. The same applies if a young person displays such disturbing behaviour that the social welfare committee may need to intervene. A report of this kind has to be made even if one is uncertain of the truth. It then devolves on the social services to investigate and evaluate the suspicions.

The victim of a young sexual offender can suffer just as much harm as if the offence had been committed by an adult. Depending on circumstances and how they can be processed, some experiences can be more or less dramatic than others. The long-term effects hinge on many different factors. There are children/young persons who do not dare to describe their vulnerable situation. They may be very much afraid of reprisals. Family and professionals can play down the abuse because of the abuser not being an adult. We can neglect to ascertain and assess the abused child’s need of support and treatment.
Understanding sexually abusive behaviour

A combination of factors

Researchers evaluating the importance of various background factors have come to the conclusion that no single factor or experience on its own leads to the development of sexually offensive behaviour in a young person. If anything it is a combination of factors, e.g. personal experiences of abuse, attachment problems, the dynamics of the family, experience of violence within the family, behavioural problems, and deficient social competence which, coupled with sexual drive, induces young persons to become sexual offenders.

In Swedish research based on forensic psychiatric material (Långström, 1999), background factors are found of a similar kind to those occurring in international research, e.g. neglect, abuse and separations in the family. Hyperactivity and concentration difficulties have been observed in the young offender. On the subject of peer relations, Långström’s research shows that 61 per cent of the young sexual offenders were bullied. One-third of the young persons in this group were judged to be socially isolated.

Most of the young persons included in the GRUF Project (Kjellgren, 1998) have experienced neglect or emotional abuse. A number of them were also subjected to maltreatment in the form of physical violence or sexual abuse.

A model of deviant sexual behaviour

Becker and Kaplan (1988) have devised a model for explaining deviant sexual behaviour. This model has not been empirically validated. There are a number of conceivable background factors paving the way to commission of the first abuse. After the first act, there are three paths that may be followed:

- The dead-end path: the abuse is a one-off action and is never repeated.
- The delinquency path: the young person can commit further sexual offences, as well as other crimes, and often has an antisocial personality.
- The sexual interest pattern path: the offender commits further sexual offences and develops a deviant (paraphilic) pattern of sexual arousal.

Most young persons committing sexual abuse in their teens have not yet developed an established deviation but are going through a stage of development which can generally be conditioned in various directions (Becker, 1988).
Young sexual offenders are a heterogeneous group

Young sexual offenders, like adult ones, are a heterogeneous group. Often they display the same variation of sexually abusive behaviour as adult offenders (Becker et al, 1996). The pattern of abusive behaviour varies, like the motive force and the emotional benefits. Typologies for describing different characteristics of offenders have been developed as an aid to assessment and to clinical decision-making. Bera and O’Brien, for example, have developed a typology of young offenders which they call “the PHASE typology”, PHASE being short for Programme for Healthy Adolescent Sexual Expression (Bera et al, 1986). This typology is based on clinical experience and refers primarily to young male offenders. The model has not been experimentally validated. In this connection, despite a risk of oversimplification, the widely differing expressions and causes of abusive behaviour can be illustrated.

**Naïve experimenter**
A naïve experimenter is generally a young boy, age 11 to 14, who has little previous history of acting out. He tends to be sexually naive and the abuse event appears to have been situationally determined, e.g. baby-sitting. The victim is often a very young child, aged between two and six. His primary motivation for the abuse is to explore and experiment with newly discovered sexual feelings. In cases of this kind one sometimes finds that only naïve, non-recurrent acts are involved which require little in the way of treatment.

**Undersocialized child molester**
This group of young sex offenders suffer from social isolation and has little peer acceptance. The offender are attracted to younger children who admire or accept him. He often manipulates the victims in different ways. The sexual act is usually prompted by a desire to achieve intimacy, a sense of importance, self-confidence or independence.

**Pseudosocialized child molester**
A young person who has often personally experienced vulnerability, physical, sexual or emotional abuse, which he has coped with by adjusting on the surface. This is a person who appears to have good social competence. He gets on well with peers, but relations between them lack depth. His own abusive behaviour is highly rationalised, and for the most part he does not show remorse or feelings of guilt. The abuse is usually described by the abuser as acts which have been mutual, intimate and noncoercive.

**Sexual aggressive**
A young offender described as sexually aggressive often has an impulsive lifestyle, with a life story often characterised by growing up in a chaotic family. Often there is a long history of anti-social behaviour and poor control of impulses. Violence to members of the family and to peers can occur, as well as drug abuse. The abuse usually includes the use of coercion, threats or violence. The victim may be a peer, an adult or a child. The act is
prompted by the use of sex as a means of achieving personal power or giving vent to anger that stems from frustration.

**Sexual compulsive**
The offender is obsessed with sexual behaviour of a compulsive nature. Often this is a matter of hands-off abuse, such as voyeurism, exhibitionism, fetischism or obscene phone calls. The behaviour can be accelerated and the sexual compulsion can eventually lead to serious abuse. Through his sexual behaviour, the offender experiences anxiety relief or mood elevation.

**Disturbed impulse**
A young offender with disturbed impulse control is a person who may have a history of psychological problems, serious family problems, drug abuse or intellectual disability. The sexual abuse is characterised by impulsiveness or may be an expression of a disturbed perception of reality. The motive is complex and has individual causes.

**Group influenced**
Offenders in this category are generally to be found in a group of peers, and the victim is known to the offenders. As a rule the offenders put the blame for the abuse on the victim and/or on the other offenders in the group. There is generally a leader dynamic, one or two persons in the group who make the running. Their motive force may be to attract attention from peers, to gain their approval or to conquer leadership. Others in the group, “followers”, take part by reason of peer pressure or expectations.

**Beckett’s model – the victim’s age as the starting point**
Another way of describing young sexual offenders is by starting with the age of the victims. There can be a great difference between young persons abusing peers or older persons and those sexually abusing children. There are differences between the two categories regarding both background factors and characteristics. This division was formerly used by clinicians and researchers working with adult sexual offenders. The reference to young sexual offenders, Richard Beckett (Erooga, 1999) has proposed the following criteria as being high-risk characteristics for new abuse:

*Those abusing peers or older victims have:*
- committed other criminal acts,
- shown early behavioural problems in childhood,
- show antisocial behaviour such as truancy, aggressiveness and a high level of impulsiveness during their teens,
- have had personal experience of emotional abuse during their childhood and adolescence.

*Those who abuse children have:*
- a previous record of sexual offences,
- a pronounced sexual interest in children,
- a high level of cognitive distortions,
• poor social competence,
• personal experience of extensive physical abuse during childhood and adolescence.

The young offender’s relation to the victim

Just as in the case of an adult committing a sexual offence, a young offender and the victim in most cases have a relationship, in the sense of being known to each other. The compilation by the GRUF group (see further page xx) shows that the 70 offenders had abused 134 victims and that 91 per cent of the victims knew the offender. Nearly a quarter, 23 per cent, of the victims were related to the offender. Only 9 per cent of the victims did not know the offender. These conditions are comparable to international studies, in which 5 per cent did not know the offender according to Kahn & Lafond (1988).

In one study, Judith Becker (1989) divided a group of 160 young offenders into three categories according to their relationship to the victim. She distinguishes between those who have abused:
• relatives’ children,
• unrelated children and,
• both related and unrelated children.

The average age of the offenders in Becker’s study was 15. Many of those who had abused relatives’ children had had several victims before but had not previously been discovered. The majority of victims were girls under the age of eight. Those abusing children outside the circle of kinship had a larger number of adult victims, but the majority of victims were still girls under eight. A young person abusing both related children and other children, of both sexes, was found by the researchers to display particularly problematic behaviour. These young persons had committed a large number of offences, sometimes against one and the same victim. Most of the victims were under eight years old and the offender was equally disposed to choose boys and girls. These young sexual offenders were felt to run a serious risk of developing paraphilia, a deviant sexual disposition.

The facts of the young sexual offender generally knowing his victim can also make it very difficult for the abused child to say anything. In this way, children living close to the offender can be subjected to abuse on many occasions.

Abuse between siblings – parental denial

According to Becker (1986), parents can be reluctant to acknowledge the gravity of abuse between siblings. Becker has described how, in the teeth of convincing evidence, nearly half of all parents deny abuse between siblings.

In a study by Laviola (1992), 17 adult women were interviewed about their experiences of abuse committed by their brothers. The abuse began when
the girls were between four and 12 years old. By using coercional persuasion, the brothers gained sexual access to their sisters. Most of the brothers did not need to threaten their sisters to prevent them telling anyone. The girls did not contemplate revealing the abuse, out of fear of being reproved, hit or disbelieved by their parents. In some cases the parents already knew, because they too were involved in the abuse. The women described how they were emotionally neglected by their parents. Persistent effects during adulthood of childhood abuse were distrust of men and women, problems of self-esteem, sexual problems and obtrusive thoughts about the abuse.

Experience from the work of the GRUF group shows that professionals too may tend to play down sexual relations between siblings (Kjellgren, 1997). Sometimes these relations are regarded as sexual experimentation, without any attempt being made to find out whether both siblings have experienced them in this way. Just as with other forms of abuse within the family, it is very difficult for the abused child to say anything. Abuse between siblings can be extensive and continue for a long time. Siblings may be especially vulnerable, due to the serious risk of repetition.

Planning, preparation and abuse

Several studies describe how young sexual offenders, like their adult counterparts, generally plan their abuse. Some do so through manipulation, others by means of threats and coercion. The process varies depending on the situation and the abuser’s personal history. International literature often uses the expression *grooming* (Salter, 1995), to describe the offender’s actions during a preparatory stage – the offender *grooms* or *manipulates* the victim in order to gain access to him or her. The offender picks out a prospective victim who is suitable and establishes contact. This can be done by getting to know the child’s interests, being helpful and confiding and cultivating with the child a contact which will make possible abuse later on. It is often no coincidence that the abuse takes place at a certain time in a certain place. One young offender tells the following story:

“We met at the playground a few times. I was decent to her – interested in playing with her and helping her with the swing. I told her she could play with my TV game – another day. When she went home with me, I told her there was something I wanted to do with her first, and then she could play afterwards…”

There are examples of young persons who have been admitted to institutions after committing abuse and who have amazed the staff by their capacity for quickly establishing relations with children in a playground or at a bathing point. To someone who knows nothing of the young person’s background, this behaviour may seem harmless and uncomplicated, but in the case of a young sexual offender it can be the prelude to abuse.

Other young persons used *threats and coercion* on a prospective victim in order to make themselves respected. They had threatened to destroy a toy or harm an animal, or their threats can be directed against a person.
Motive forces
Different researchers give us different explanatory models for the underlying motivation of sexual offences. In the experience of the GRUF group, like that of many other clinicians and researchers, sexual desire is the fundamental motive force of sexual abuse committed by young persons. The expression of sexuality through abuse is conditioned by a host of factors which have already been mentioned; the need to control and dominate, the need to vent anger, or the need of physical proximity and contact.

David Finkelhor (1989), who has been researching sexual abuse since the 1970s, has the following to say about young persons committing sexual abuse:

“We have to explain... the emotional roots, the sources of gratification behind the behaviour and the sexual arousal components. We have to explain what emotional needs and conflicts are being met or resolved by foraying into deviant sexual contact. We also have to explain how a particular fantasy develops, how it gets insinuated into sexually behavior rehearsal thinking, become strengthened and reinforced, mixes in with masturbation and various other kinds of rehearsal sexual behaviours, and how it finally breaks out and leads into action, then impulsive repetitions, and so forth.”

A model for describing the course of abuse
A cyclic model is sometimes used to describe the dynamics of sexual abuse. This model can also be used for assessing risks and planning intervention. Various such models have been described in the literature. O’Brien’s model (Gonsiorek 1994) is used below. This circular model can show that abusive behaviour in itself has a self-reinforcing effect, i.e. leads to a repetition of the process.

1. Motivation
   - power, control, intimacy, sexual arousal
2. Opportunity
3. Overcoming internal inhibitors
4. Overpowering the victim’s resistance
5. Abuse
6. Needs satisfied
7. Fantasy-masturbation reinforcement
8. Rationalisation

1. The young person has sexual motivation and strong feelings, e.g. of impotence, frustration, fear etc.
2. An opportunity occurs or has been created when the young person is alone with an unprotected child, which gives an impulse, the idea of approaching the child. The child is objectified. Planning begins.
3. The next step is to overcome internal inhibitors. An original feeling that doing this kind of thing to a child is wrong is distorted – conscience and norms are weakened.

4. The victim’s resistance is overcome in a preparatory phase by grooming or threats.

5-6. After the abuse has taken place, the young person’s original needs of proximity, power or anxiety relief are satisfied.

7. The event lingers in the imagination and is reinforced by the young person using mental images of the event when masturbating.

8. The young person rationalises his guilt away: “There was nothing bad or harmful about what I did,” “She didn’t put up any resistance.”

If the motivation persists and nothing breaks the pattern, the young person may go on repeating the offences. Once again the young person’s psychological needs are gratified for the moment. Where certain young persons are concerned, the acts tend to become grosser and more frequent.

According to O’Brien (Bera et al, 1986), the tendency to use abuse as a means of relating to others is affected by a number of individual factors. These include, as previously mentioned, various family aspects, perhaps having oneself been a victim of physical or sexual abuse, poor socialisation, medical aspects, impressions from pornography and inadequate sex education. Individual factors of this kind contribute towards the pattern of abuse and sustain the cyclic pattern.

The cycle describes a model of the repetitive tendency of the behaviour. Offenders convicted of sexual abuse in adulthood can sometimes describe how abusive behaviour became established early on in their lives – how abuse alleviated their anxiety, how the guilt aroused after the abuse could be rationalised away and how anxiety was once again allayed by further abuse and the behaviour thus repeated.

In treatment programmes in Europe, the USA and Canada, concrete use is made of this model in therapy. Young persons are made to identify and formulate their cycle of abuse – their motives, planning, grooming of victims etc.

**Denial**

Denial and minimisation are common among young persons committing sexual abuse. Reports from various treatment programmes in the USA and Europe state that these young persons seldom turn to them for help of their own free will, because it is seldom they consider themselves to have any problems. Swedish experience of working with young sexual offenders also records denial or minimisation, frequently during an investigative stage and at the commencement of treatment. The change from denial or trivialisation to the young person gradually being able to describe what has really happened is often a slow one. It requires the therapist to keep the abusive behaviour in focus during the treatment process.
Judith Becker (1989) points out that the young offender encounters an impediment if nobody in his surroundings provides an opportunity for being frank and revealing what actually happened. If the person denying the act is believed – “we got it wrong, perhaps it never happened” – the denial is reinforced and becomes a confirmation of the young person incurring no responsibility.

In order for an investigator or therapist to be able to query whether the young person is telling the whole truth, strong support is of course needed for such an assumption, usually in the form of the victim’s narrative. In such connections, it is of great benefit to both investigator and therapist if a police investigation has been conducted in which both the victim and the offender have been questioned, so that the actual course of events can be evaluated.

Barbaree (1989) has studied denial and minimisation in young and adult sexual offenders. He found that a very small percent of young persons, 10 per cent, accepted their full responsibility for the abuse. 40 per cent of the youngsters denied that they had committed abuse. 50 per cent agreed that they had committed sexual abuse but minimised their behaviour in some respect when describing it.

The grossest form of denial is that of justifying one’s actions. Salter (1988) describes a spectrum of different stages and expressions of denial. This continuum, from more pathological to less – from admitting but justifying what has happened – and to full confession and the admission of responsibility and guilt.

1. Admission with justification
   The offender admits that the act was committed but often minimises its extent and gravity and puts the blame on the victim. He feels no guilt and no need to change his behaviour.

2. Physical denial
   The offender denies the occurrence or claims that he was not involved. He pleads and adheres to an alibi, despite convincing evidence of the contrary.

3. Psychological denial
   The offender maintains that he is not the sort of person to commit such acts, in which assertion he is often supported by his family.

4. Minimising the extent of the behaviour
   The offender makes a limited and selective admission. He denies the nature and extent of sexual acts and the occurrence of planning and sexual fantasies.
5. Denial of the seriousness of the behaviour and need for treatment
The offender has no concept of long-term harmful effects on victims. He has no insight into the difficulties involved in changing his abusive behaviour.

6. Denial of responsibility for the behaviour
The offender pleads external factors and extenuating circumstances in order to explain his behaviour.

Salter goes on to describe how a young sexual offender initially presents a certain type of denial but, with the aid of treatment, moves to another form of denial. From minimising, he or she proceeds to acknowledge the extent of the behaviour, while denying its gravity and the necessity of treatment, e.g. from type 4 to type 5 denial. After this the offender begins to accept the gravity of the act but externalises responsibility. According to Salter, the forms of denial presented above are increasingly hopeful and progressive from a therapy prospective. The ultimate aim of work with denial is for the offender to achieve full awareness of his behaviour and to accept full responsibility for it.

Martin Calder (1997) underlines the importance of not regarding the denial as fixed, which would imply that the young person cannot possibly change his attitude. Treatment of denial can sometimes take a long time in terms of months and years. Barbaree (1989) points to the risk of a person who denies abuse not receiving any treatment. When the offender is permitted to reject treatment by not being “motivated”, this becomes an unfortunate way of confirming the denial. In the case of a young offender left alone with his denial, there is a risk of the strategy being reinforced and of the pattern of off-loading guilt becoming consolidated.

It is important that the investigator and therapist should establish a relationship and co-operation, even when a young person denies the offence. Knowledge is needed concerning the various expressions of denial, and an attitude which will make it possible for the youngster to change and articulate his or her description of what has happened.
Conspectus of cases from the GRUF group

As mentioned earlier, a project group has been collaborating since 1996 on methods for the assessment and treatment of young sexual offenders. This group has collated its experiences of the youth group between 1996 and 1998 in a project report (Kjellgren, 1998). Parts of the conspectus are reproduced here, concerning 70 young persons referred to members of the project group through treatment, investigation-assessment or consultation.

The young sexual offenders
The group consisted of three girls and 67 boys. Most of the 70 youngsters were between 13 and 16 years old when their first abuse was revealed. The age spread was between ten and 17 and the average age was 14. A majority, 59 per cent, abused one person, 14 per cent abused two persons. The others abused between three and ten persons. Most of the young persons were referred to the project group just over a year after the first abuse.

The victims of sexual abuse
A total of 134 persons, mostly children, were abused. Of these, 90 (67 per cent) were girls/women. Nearly all, 122 (91 per cent), knew the offender. The age spread was wide. 123 of the 134 persons (92 per cent) were between three and 17 years old. Eleven were adult women. The average age of the 123 children/young persons was just under ten years.

Thirteen of the victims had been placed in the same foster-family as the young offender, or were biological children of the foster-parents. Most of these children, both girls and boys, were under teenage. Eight of the victims were young persons placed in institutional care, in the same institution as the young offender. This applied above all to teenagers, both girls and boys. In certain cases the young person was known before placement to have had a sexual abusive behaviour problem.

These 21 victims made up 17 per cent of the children/young persons who had been abused by young offenders in the material. The fact that they had been removed from their homes, due to deficiencies of parental care or because of their own destructive behaviour, and while in public care had been subjected to sexual abuse is particularly serious.

Types of abuse
Seventy young persons had committed a total of 1,947 acts of abuse, between 1-300 per individual. The average was 28 acts per individual, the median five. This includes all acts of abuse committed by the young persons. The number of acts consists of the young persons’ own depositions com-
bined with victims’ narratives. An uncertain number has been counted as one act of abuse in the conspectus. The acts are classified as described in the previous review of types of abuse. Sex with animals is recorded for those young persons who had sex in this way in addition to abusing children/teenagers.

Table 1. Type of abuse. Numbers and percentages

<table>
<thead>
<tr>
<th>Act</th>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hands on</td>
<td>894</td>
<td>46</td>
</tr>
<tr>
<td>Genital penetration</td>
<td>379</td>
<td>19</td>
</tr>
<tr>
<td>Hands off</td>
<td>285</td>
<td>15</td>
</tr>
<tr>
<td>Anal penetration</td>
<td>259</td>
<td>13</td>
</tr>
<tr>
<td>Oral penetration</td>
<td>120</td>
<td>6</td>
</tr>
<tr>
<td>Sex with animals</td>
<td>10</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Total</td>
<td>1,947</td>
<td>100</td>
</tr>
</tbody>
</table>

Twenty-five of the sexual offenders threatened their victims, 13 used physical violence in addition to the sexual act – hitting, tying, tormenting their victim. Sixteen young persons had committed group abuse on one or more occasions.

The young offender’s own experience of abuse

Information is lacking for 25 of the young persons as to whether they themselves had been subjected to degrading/harmful treatment. The 45 young persons for whom information is available can have been subjected to 1-4 forms of violation/neglect. One-third of these young persons were sexually abused, a proportion comparable to the results of international studies.

Table 2. Abuse suffered by the young offender (n=70). Absolute figures.

<table>
<thead>
<tr>
<th>Act</th>
<th>No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional abuse</td>
<td>28</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>13</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>15</td>
</tr>
<tr>
<td>Neglect</td>
<td>22</td>
</tr>
<tr>
<td>No data</td>
<td>25</td>
</tr>
<tr>
<td>Total</td>
<td>103</td>
</tr>
</tbody>
</table>

Summary of the project group’s findings

The project group sums up its findings as follows:

- Denial occurred among young persons and their families concerning this type of sexual offence.
- Denial occurred among professionals concerning the gravity of a young person committing sexual offences.
- Time passes before the problems of a young offender are identified.
- Most of the cases of abuse in the material, 84 per cent, were physically advanced acts such as sexual manipulation or penetration.
- The children young persons abused were young, their median age being 10 years.
• 91 per cent of the victims were acquainted with or related to the offender.
• 17 per cent of the victims were in the same foster-home or institution as the young offender.
• In certain cases a young offender had been placed in a foster home in the knowledge of his or her abusive behaviour and without any consideration for the protection of other children.
• Many young persons described more cases of abuse and gave more details once the therapeutic contact had become secure.
• Sexual desire was a basic motive force behind the abuse.
• Sexual desire expressed in the form of abuse is influenced by a host of different factors.
• Emotional abuse and neglect was the most prominent form of vulnerability.
Investigation, assessment and co-operation

Social service and child psychiatry staff are generally more familiar with meeting children and young persons who have been sexually abused than dealing with young persons who have committed sexual abuse. Young sexual offenders have often themselves been subjected to some form of serious degradation or neglect during their childhood or adolescence.

In professional work with young sexual offenders, one has to be alert to the risk of concentrating on an investigation of the way in which the young offender was abused. In other words, it can be easier to meet the victim in the young offender, to feel empathy with that side of his personality. Sometimes, in this way, the perspective is shifted from exploring abusive behaviour to treating a young person for his own traumatisation.

International experience shows that therapy work concentrating exclusively on his own traumatisation does not prevent the young offender from committing further offences. Working with the young person’s abusive behaviour is a more imminent and urgent necessity. Anyone who cannot themselves conceive of focusing on these problems is duty-bound to insure that the young person receives the help he needs from somebody else.

Response and approach

It is important that the person carrying out the investigation and treatment can work with respect and empathy for the young persons concerned. Often these youngsters’ previous experiences of respectful relations are limited and they themselves have difficulty in sustaining such relations. Although there is outward pressure involved, due to contact with authorities not being voluntary, it is important to aim for a respectful climate of contact. Without losing sight of the abuse acts, one should try to separate one’s feelings about sexual offences as a form of behaviour and feelings about the offender as a person. Being empathetic as far as one finds possible in the encounter with these young persons is highly important.

Clear indications are needed when young persons commit a crime. This is very true concerning sexual offences, and especially important in view of the secrecy, the silence and the denial often surrounding actions of this kind. Adults find it more natural to react to crimes of theft and violence. In connection with sexual offences, the official reaction is important as a form of support for family and network.

Police report

As mentioned earlier, any suspicion that a person has committed or is committing a sexual offence should be reported to the police. It is primarily the
The investigation

It is the duty of the social welfare committee to open an investigation on learning that a young person is displaying seriously destructive behaviour. As with other problems, the events need not have been made absolutely clear in order for the investigation to begin. The purpose of the investigation is to find out whether a young person has a behavioural problem and is in need of support from the community. In order for this assessment to be possible, a comprehensive and somewhat different investigative procedure is called for.

The investigation is the responsibility of the social welfare. Parts of the investigation and assessment can, however, be carried out by child and youth psychiatric staff or by some other person with special qualifications relating to the problems of sex offenders.

It is important that the investigative interviews should take place on behalf of the social welfare committee. In this way an investigation can be conducted even without the individual person’s consent. The definition of clear preconditions from the very beginning generally creates a framework of security. It can never be left to the young person alone to decide whether or not he or she wishes to talk to anybody about acts of abuse.

The purpose of the investigation

The investigation serves to chart the young individual’s personality, life story, family conditions and possible need of treatment. One specific purpose is to chart the young person’s psychosexual development, sexual patterns and sexual experience. One task is to chart the amount of responsibility which the young person assumes for his actions, his capacity for empathy and the risk of further acts of abuse.

The purpose of assessment and valuation concerning young sexual offenders has been formulated in a British document for the guidance of those conducting such investigations (Morrison, Print 1995). The purpose is:

- to assess risk and danger,
- to predict the risk of recidivism,
- to identify needs,
• to decide who is suitable for treatment,
• to recommend the right placement,
• to recommend necessary restrictions.

In the Netherlands, early assessment interviews have been used with young suspected sex offenders (Bruinsma, 1993). Interviews with psychiatrists with special competence relating to young offenders were conducted at the police station after a young person had been interrogated by the police. One advantage reported in the project was that the youngsters met with an early response during the disclosure crisis, with the result that they showed less tendency to deny abuse and were more disposed to describe the events. Out of 78 young persons, 31 made full and 33 partial confessions.

Various models for the comprehensive investigation/assessment of young sexual offenders have been developed in the UK. Calder (1997) recommend 8-10 interviews for the investigation.

Assessment interviews focusing on sexually abusive behaviour
In the GRUF project (Kjellgren, 1997, 1998), interviews on the subject of sexuality with young sex offenders have been structured in a way which has proved to facilitate openness on their part. The interviews, two or more in number, form part of the investigation/assessment. The interviewer has generally made preparations based on information from social welfare officers, therapists, available evidence and police records of interrogations of victim and offender. Initially the young person has been told the purpose of the interview, and also about confidentiality and information which will be passed on. To avoid Yes or No answers, a technique is used in which statements are combined with questions (Seabloom, 1987). This method involves progressing from less threatening to more sensitive areas, and from the general to the specific. The first interview begins by finding out about the young person’s general knowledge of sexuality and sex life, before turning to more specific questions about the abuse. The interview covers such fields as:

• earliest sexual experiences,
• experience of masturbation,
• feelings about his own body,
• feelings about genitals
• sexual experience with a person of same/opposite sex,
• sexual experience of looking at others,
• sexual fantasies,
• sex and violence,
• plans for the abuse,
• dominant feelings when thinking about abuse,
• strong feelings during the actual abuse,
• notions of how the victim feels.
**What is required of the investigator?**

One basic essential in order for interviews about sexuality to run smoothly and constructively is for the interviewer to feel unembarrassed and secure (Becker et al, 1988). It is also essential not to confine oneself to stereotype notions of the content of the interview. Adequate training and experience are also necessary in order for the interview to be able to converse about normal and deviant sexuality in a way which feels secure. There is no point in dutifully ploughing through a questionnaire with great embarrassment to oneself. In order for a dialogue to materialise, the interviewer must feel secure with the questions and be prepared to allow plenty of time. The thing is to show the young person convincingly that one is genuinely interested in the answers and that one does not find the unusual insupportable. Considering that certain young persons begin by denying abuse, it is especially important to show that one has time to spare for more meetings.

As in other investigations, information is collected by means of recurrent interviews with the young person, with parents/siblings, persons in the young person’s network and professionals. The family are interviewed about their history and the occurrence of intra-familial violence and excesses. The family’s reactions to the young person’s behaviour, their attitude to any denial, their understanding for victims’ experiences and their willingness to support their teenager are also important points to clarify.

Behavioural disturbances in the young person are noted, e.g. poor control of impulses, aggressiveness and drug abuse. A minority of these youngsters suffer from significant psychiatric disorders (Will, I: Erooga, 1999). Where some of them are concerned, a more comprehensive psychiatric diagnosis may be called for.

To this material is added information derived from talks with other referees, information from previous records, police interrogation reports, witnesses’ depositions and, sometimes, psychological tests and medical reports.

All this information forms a basis for the assessment of suitable measures on the young person’s behalf. Assessment and decision concerning therapy must be based on the sum total of professional knowledge. The investigation must lead to the adoption of a standpoint by the social welfare committee concerning the type of treatment which needs to be provided.

The abusive behaviour can have a whole variety of backgrounds. The abuser may be a young person who has naively experimented and needs help in his sexual development with finding what is permissible and what is excessive. If so, this can mean a relatively limited response. Other cases may involve a young person with a very serious repetitive pattern of abuse. The conclusion regarding the choice of treatment can only come after comprehensive mapping.
Treatment

Comparison between young and adult offenders reveals a number of differences with an important bearing on treatment. Young persons, typically:

- are going through a unique phase of development,
- are still developing their sense of self,
- are at a point where their self esteem is highly vulnerable,
- are still emotionally and physically dependent on their parents (Morrison, Print, 1995).

A young sexual offender should be offered a number of treatment options – from more educational, out-patient treatment to institutional care. Work can be conducted at individual, group and family levels.

**Institution or out-patient care?**

One deliberation and standpoint which the investigation should have reached is whether the young person is in need of treatment in an institution or of out-patient care. Generally speaking, when institutional placement of young persons is being considered, this can be based on such factors as lack of caring capacity on the part of parents, the exhaustion of network resources, excessive behaviour giving cause for concern and the need for a clearer definition of limits than is possible in outpatient care.

In the case of young persons committing sexual abuse, the abusive behaviour is central to the decision of the level and forms of treatment. Bourke and Donohue (1996) have developed a guide to the choice between forms of treatment. Institutional treatment is to be considered when the following conditions prevail:

- the offences have been numerous and/or have involved more than one individual,
- aggression was used during the abuse,
- severe emotional and behavioural problems are present,
- antisocial attitudes,
- poor motivation for treatment,
- suicidal or homicidal ideation is present,
- unstable relations at home threatens safety of the individual,
- a victim present in the young person’s home.

K.J. Epps (Calder, 1997) has described factors surrounding the abuse and indicating that it is a “high-risk” behaviour. When several of the following factors are involved, more qualified institutional care is needed:

- sexual abuse of more than one victim.
- sexual abuse in a range of situations and settings.
• The selection of victims with particular physical characteristics (e.g. children with blonde hair).
• The selection of victims with particular behavioural characteristics, (e.g. children who appear vulnerable, such as children with learning difficulties).
• sexual abuse of both boys and girls.
• abuse of children of varying ages.
• use of threats, coercion and/or force during abusive acts.
• the use of variety of sexual acts during abuse.
• penetrative sexual acts.

Groth (Calder 1997) has defined a number of criteria for assessing parents’ ability to help their teenager to carry on living at home.
• The parents co-operate, do not reduce their care and actively seek help.
• The abuse was not violent.
• The offender confirms his behaviour and is motivated for treatment.
• The parents are prepared to supervise the teenager’s daily living and behaviour.

Salter (1988) points out that if the family support the young person’s denial, treatment is difficult with the teenager still living at home. If the family have “helped” the youngster by means of an alibi and support of physical denial (see page 20), there is a risk of the family putting pressure on the young person to go on denying the abuse. In such cases the young person should be moved away from his family.

**Content of treatment**

In order for treatment of young sexual offenders to succeed, a number of criteria have to be satisfied. As in all therapy work, the foundations are laid by means of a secure relation between client and therapist. The therapist’s capacity for empathy with the teenager is fundamental to the establishment of a workable therapeutic relation. The therapy must be highly structured and individualised according to the individual client’s therapeutic needs (Becker et al, 1996).

The treatment will need to assume different forms, depending on whether it is provided on an in-patient or out-patient basis. International experience shows that a multi-modal treatment model, with broad-based co-operation between different agencies, yields the best result, for instance through environmental therapy, focused group treatment, individual therapy, family sessions and work with the young person’s network (e.g. a key person at the young person’s school). Individual members of the family need different types of support at different stages of the process.

In treatment programmes from the USA, the UK and the Netherlands, one finds common points of departure for what is specific to therapy with this category of young persons. The experience gained by researchers and clinicians has been formulated, for example, by the national network relating to work with this target group, namely the NAPN (National Adolescent Perpe-
acceptance of responsibility for his behaviour,
- reduction of denial,
- development of empathy with the victim,
- focus on factors triggering sexual abuse,
- understanding of their abusive cycle,
- challenging of cognitive distortions and rationalisations supporting abuse,
- reducing a deviant pattern of sexual arousal,
- developing a positive self-image,
- developing adequate social skills,
- raising family aspects,
- preventing recidivism,
- exploring the offender’s own vulnerability,
- processing the offender’s own vulnerability and any history of abuse.

In a survey of literature (Ertl and McNamara, 1997) on treatment of young offenders, it is noted that the initial treatment approach most widely described is that of the therapist confronting denial, working for acceptance of responsibility and helping the young offender to develop empathy with the victim.

**Therapeutic approach**

In their work with young sex offenders, social services have to provide the outer framework for treatment. If the young person is being treated by authority of LVU (Care of Young Offenders Act), the frame is defined already. Even if out-patient treatment or placement under the Social Services Act is involved, the framework still has to be created. Experience from the GRUF project indicates that this is a necessary precondition of treatment. If there is an order or judgement in LUL requiring the social services to provide care, then the basis of care is conditional. Attendance of the interviews and compliance with the treatment plan scheduled by the social services is not voluntary for the young offender. If the treatment plan is not followed, the applicability of the Care of Young Offenders Act may have to be reconsidered.

**Should young offenders be treated individually or in a group?**

Choosing between individual and group treatment of young sex offenders is not a realistic issue in Sweden, because group therapy has been tried in few places. In addition, few activities have tried working with a specially designed individual treatment for young offenders. Experience hitherto comes mainly from Europe, Canada and the USA and can perhaps inspire and impel the creation of therapeutic resources here in Sweden.
It is desirable and valuable that there should be a wide array of therapeutic components available. As this report shows, the young offenders are not a homogeneous group with identical needs or identical capacity for responding to treatment. As regards the choice of method, several British and American treatment programmes have advocated group therapy. According to Ertl and McNamara (1999), this is a useful method with widespread currency.

Benefits attributed to group therapy include the following:

- The process is generally faster, being accelerated by group dynamics.
- Within the group, opportunities are provided for practising a structured way of being together with others.
- The group can become a forum for confrontation and support.
- The isolation and secretiveness underpinning abuse are broken.
- Group therapy counteracts denial and facilitates disclosures.

There are situations where individual treatment is preferable for reasons of substance or with reference to the young individual’s personality. Morrison and Print (1995) take the view that individual treatment can be preferable as a means of processing a young person’s own experiences of abuse. They also mention that treatment for the purpose of modifying patterns of sexual arousal can be conducted individually, because in group therapy there can be difficulties involved in addressing material of a highly sexual nature. Calder (1997) points out that young persons gaining access to new sexual material can be further stimulated in their sexual fantasies.

Group therapy can be structured to a greater or lesser degree, and important themes have been mentioned already. One Dutch model from ABJ Leiden, which the GRUF group have come into contact with is a structured programme for young persons (Bullens et al 1997). Therapy work is thematised into eight different areas:

- Motivation.
- Consequences of committing sexual abuse.
- Cycle of abuse.
- Personal history – history of abuse.
- Empathy with the victim.
- Self-esteem, self-image.
- Prevention of recidivism, coping with high-risk situations.
- Sexuality.

This material, which has been translated into Swedish, is practically oriented. Different themes are treated with suggested points of departure and exercises. This can be instanced with the theme of empathy with the victim.
Examples of questions aimed at augmenting capacity for empathy.

“Part of your treatment is concerned with augmenting your capacity for empathy. The intention now is for you to try and understand the thoughts and feelings of the victim/s.”

1. What physical reactions did your victim display?
2. What did your victim think?
3. What were your victim’s feelings?
4. How is your victim now?
5. How did the victim’s family react?
6. What are the long-term consequences for your victim?

ABJ works with open therapy groups and after progressing through themes 1-8 starts from theme 1 again. In this way, a person joining the group later does not “miss” any parts of the treatment, since the theme comes round again. A person staying on in the group for a long time can work on a deeper level when a theme comes round for the second or third time. ABJ has worked out three levels for each theme.

The groups which have been active within the framework of the GRUF project have tested the material. The therapists have found some of the material to be very useful and some of it not so useful where Swedish youngsters are concerned. The results have been partly evaluated.

Recruitment of groups requires a number of deliberations. Among other things one needs to assess the youngsters’ level of development, their capacity for achieving empathy with others, and the nature of abuse committed by them. In particular, an assessment has to be made of the risk of a young person putting a sexual charge into relations. The ABJ material described can also be used in an individual therapy contact.

Different methods are needed for both group and individual work. This can include structuring situations with the aid of role play, writing down thoughts about the abuse, or processing one’s dreams and fantasies. It can also mean the treatment intermittently assuming more of an instructional/informative character.

Family work
Many treatment programmes emphasise the importance of working with families/parents, though the importance of family work has not been evaluated (Ertl & McNamara, 1997). The British model described earlier (Calder, 1997) advocates the commencement of comprehensive family work during the assessment phase, and early work with the family and its reactions to the disclosure. Common family reactions are shock, paralysis, a sense of guilt, humiliation, failure and powerlessness. Families can also react with aggression and dissociation in relation to the young offender or with denial and anger towards the person accusing their child. Haase (1990) exemplifies parents’ initial reactions as disbelief and denial, shock and horror, anger,
feelings of guilt and anxiety because they blame themselves for the abuse, depression and sorrow at losing the image of their child as innocent.

It is important that the family should be helped in coping with the feelings aroused, to prevent them from rejecting the young offender. Another important aim is for parents to give their child guidance support during treatment (Morrison & Print, 1995). Family therapy can also have the subsidiary objective of identifying family patterns which have made the abuse possible, improving relations within the family and equipping the family with knowledge for the prevention or recidivism. Parental groups can be a form of treatment. Meeting other parents in a similar position provides an opportunity for recognising feelings of anger, denial, guilt and confusion in others (Johnson & Berry, 1989).

Placement of young sex offenders
A special problem concerns young persons who have to be placed outside their home. A specialised institution is needed with specially trained staff, a properly worked out programme and an agreed approach. Sweden has few institutional places for this category of young persons.

Young persons who have committed sexual abuse can sometimes be placed in foster-families. If in the investigation the problems have been judged to be of a minor nature, foster-placement can be feasible. This kind of placement provides adequate support for only a limited group of young persons. Probably too only a limited number of foster-families have the resources and knowledge to be able to deal with these problems.

In one report by a British committee on young sex offenders (National Children’s Home, 1992), it is remarked that foster-home placement of these young persons can only be considered as part of a composite treatment plan with special resources for the young person and particularly intensive support and specialised resources for the foster home. The committee establishes that foster homes must always be fully informed about a young person’s abusive behaviour, and it recommends that placement of this kind should never be undertaken if there are younger or developmentally weaker children in the family. The foster-home must have received special training in coping with the problems and must have a capacity for dealing openly and respectfully with questions of sexuality.

On the basis of the guide mentioned earlier (Bourke & Donohue, 1996), the most adequate form of treatment for certain young persons can be offered through institutional placement. In order for institutional therapy to be effective, the problems must be pronounced and the therapy must have a clearly defined objective.

Kevin Epps (Calder, 1997) states that an adult must have special supervision of young offenders placed in foster families or in an institution. He argues that the adult who is given this responsibility must have the capacity and determination to exercise supervision and to be observant. The adult must be available and have good experience and knowledge. Epps states that cer-
tain young persons require total surveillance, without even a few minutes’ interruption, in order to prevent further abuse being committed.

As has already been shown (Kjellgren, 1998), in the Swedish material 17 per cent of those who had been sexually abused were in the same foster-home or had been placed in the same institution as the young offender. This is a serious fact. In certain cases the figure reflects the difficulty of predicting and identifying a potential young abuser. It also reflects ignorance and in some cases nonchalance on the part of social welfare committees when a young person who has already committed sexual abuse is placed in a foster home together with very young children. An event of this kind is extremely dramatic for children/young persons affected and for foster-homes to experience the occurrence of abuse in their home.

Staff can misguidedly protect a young person by not telling other people about the reasons for the placement, or by composing a false background together with the young person in question. An attitude of this kind, creating new secrets, can result in the possibility of active therapy being neglected. When behaviour is ignored or misrepresented as being less serious, this can give the young person a message which supports denial. Lack of frankness can be due to the staff fearing repression of the young offender by other youngsters. By not telling the truth, one protects the young offender more than other young persons in the foster-home or institution.

The GRUF group’s conspectus shows that young persons in institutions can be subjected to abuse. They must be given the message that they may need to protect themselves in relation to someone who behaves in a sexually coercive manner, and that it is possible for them to come to the staff and talk about any such occurrences in the institution. Various international articles have highlighted the necessity of institutions profiling themselves in this work. Ross & De Villier (1993) state that young sexual offenders must be placed in specialised institutions and not be mixed up with young persons who have other problems. They also recommend that young persons who have committed aggressive sexual offences should not be mingled with young sexual offenders who have a different profile.

Specialised institutions have existed in many parts of the world for several years now. Specialised therapy and staff who are specially trained for these particular problems create prospects of successful therapy. Treatment often takes two years or more. Frequently it is divided into various stages. The first step can be group therapy, focusing on abusive behaviour, acceptance of responsibility and empathy. After this individual therapy begins, focusing on the offender’s own traumatisation.

**The evaluation of treatment**

As has already been mentioned, prevention of further abuse is one of the primary objectives of treatment. The recidivism rate can be used as a yardstick for evaluating the efficacy of treatment.
Up till now, international post-treatment follow-up has been limited and of varying quality.

Weinrott (1996) has compiled the most comprehensive overview, synthesising 22 studies of effects/recidivism rates after the treatment of the young offenders. His overview is a critical review of the way in which research and evaluation has been conducted hitherto. Among other things he points out that studies have contained data concerning widely differing types of offender, those who commit rape against peers/older persons and those who abuse children, that the nature of abuse has varied a great deal, from exposure to serious sexual abuse, that follow-up times have been short and that there have been no control groups. Weinrott mentions that the only international follow-up of young persons who have committed sexual abuse and not been treated was undertaken in 1994 by Elliot. Sixty-six persons themselves reporting that they had committed sexual abuse in their teens were followed up 15 years after the event and 22 per cent of them had committed further sexual offences.

Weinrott summarises his review by putting the recidivism rate in two-thirds of the studies at less than 10 per cent after treatment. The results argue that the treatment of young sexual offenders is meaningful.

Cognitive behavioural therapy are used, according to British and American overviews, in most programmes of both individual and group therapy. According to Bourke & Donohue (1996), insight-oriented psychotherapy is less effective with young sex offenders. According to Borduin et al (1990), greater efficacy is achieved with multi-systemic treatment than with individual therapy. Their findings show that the percentage relapsing into sexual offences in the group receiving multi-systemic therapy is upwards of 12 per cent, as compared with 75 per cent for individual therapy.

More comprehensive research and evaluation concerning the most effective components of therapy are lacking as yet. European research was initiated in 1996 with a view to arriving at common conclusions on treatment in this field. Eight European countries, Sweden among them, are included in the Harreveld network. Hopefully this work will result within a few years in a better knowledge base concerning the evaluation of therapy for young offenders. One of the researchers in the project, Richard Beckett, writes (Erooga, 1999) that the challenge is to develop measures to identify young persons at high risk, to develop treatment programmes which accurately target their needs, and to evaluate the impacts of treatment programmes through long-term follow-up.
Concluding remarks

Sexual abuse by young persons is a problem which we need to observe and take seriously. As has been internationally remarked, the scope of the problem, coupled with Swedish experience, indicates that it is a problem to which we need to pay attention.

Knowledge and experience in this field are limited in Sweden, but we have a great deal to learn from the experience existing in other parts of the world and from adapting and further developing that knowledge in our own context.

We need to bear in mind that young sex offenders are a heterogeneous group. The sexual acts committed cover a wide spectrum, ranging from minor to more advanced actions. We cannot assess or evaluate the gravity of these acts without entering into a close dialogue with the teenager. We need to show openness in our encounter with him or her and to rest our assessment on established knowledge. This means that we have to explore the young person’s sexuality – both normal and deviant. In order for these interviews to be helpful, those of us working professionally need to acquire knowledge and skills.

In working with young sex offenders, we are also dependent on adopting a different perspective from what has hitherto prevailed, namely on listening to the victim. We have to remind ourselves of the serious effects which abuse by a teenager can have on a child or coeval. Several studies have shown that a person sexually abused by a teenager is just as seriously harmed as in cases where the abuser was an adult.

By observing these questions, it is to be hoped that young persons committing sexual abuse can to a greater extent be identified, observed and offered high-quality treatment. We can help to condition the teenager’s behaviour and development.

Through this work, hopefully, we can also help to prevent sexual abuse in future.
References


Adamas & Fay. (1984). Nobody told me it was rape. Santa Cruz, Network Publications.


