

Characteristics and risk factors in juvenile sexual offenders

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Abstract

Background: It is estimated that juvenile sexual offences constitute about 7% of the total annual rate of sexual offences in Spain. Nevertheless, research on Spanish juvenile sex offenders (JSO) is virtually non-existent. This paper analyzes the risk factors related to sexual violence committed by adolescents. **Method:** The participants were 73 adolescents ($M = 15.68$ years, $SD = 1.12$) aged between 14 and 18, who were serving a sentence for committing a sexual offence in various Spanish Autonomous Regions. In this descriptive study multiple methods were used to collect the data: court records, self-reports, along with an interview with the JSO and with the professionals involved. **Results:** Risk factors related to family history, certain personality characteristics, and the development of “inadequate sexualisation” (96% of cases) were analyzed. This latter variable was mainly related to an early onset of pornography consumption (70%), to a sexualized family environment (26%), and to sexual victimization during childhood (22%). **Conclusion:** These results are consistent with international research on juvenile sex offending, so we can conclude that the process of development of sexualization from infancy onwards should be deeply examined with regard to sexual violence.

Keywords: Juvenile sex offender; inadequate sexualisation; risk factors.

Resumen

Características y factores de riesgo en jóvenes ofensores sexuales.

Antecedentes: la violencia sexual cometida por adolescentes supone alrededor del 7% de los delitos sexuales denunciados anualmente en España. Sin embargo, la investigación con jóvenes ofensores sexuales (JOS) en población española es casi inexistente. En este trabajo se analizan los factores de riesgo relacionados con la violencia sexual cometida por adolescentes. **Método:** los participantes fueron 73 adolescentes ($M = 15.68$ años, $DT = 1.12$, rango entre 14 y 18) que estaban cumpliendo una medida judicial por delitos contra la libertad sexual en diferentes comunidades autónomas españolas. En este estudio descriptivo se emplearon diversos métodos para recoger los datos: revisión de expedientes, autoinformes y una entrevista aplicada a los JOS y a los profesionales implicados. **Resultados:** se analizaron los factores de riesgo vinculados a la historia familiar, a determinadas características de personalidad y al desarrollo de una “sexualización inadecuada” (96% de los casos) relacionada, fundamentalmente, con un inicio precoz en el consumo de pornografía (70%), un ambiente familiar sexualizado (26%) y la presencia de victimización sexual durante la infancia (22%). **Conclusiones:** los resultados son coherentes con investigaciones internacionales. El desarrollo de la sexualización desde la infancia debe ser examinado en mayor profundidad con respecto a la violencia sexual.

Palabras clave: jóvenes ofensores sexuales; sexualización inadecuada; factores de riesgo.

Sexual violence is still an underestimated type of violence. It is estimated that 20% of the population has been or will be sexually victimized before age 18 (Council of Europe, 2019). Considering that only 10% of these crimes are reported (Kjellgren, Priebe, Svedin, & Långström, 2010) it seems difficult to calculate the real volume of victims. The perpetration of this violence is related to individual factors as well as to sociocultural ones. It can be argued that it is the symptom that social, cultural, and individual mechanisms have been somehow erratic (Seto & Lalumière, 2010; White, Kadlec, & Sechrist, 2008).

Much of the research on sex offending has been focused on adults, but it is crucial to pay attention to juvenile sex offenders

(JSO). Spanish Juvenile Justice Law considers criminal liability from age 14, and police data reveal that juvenile sexual offending constitutes about 7% of the annual rate of sexual offences (Ministerio del Interior, 2017). In comparison, data from European studies indicate rates from 5% to 24% (Margari et al., 2015), while international rates vary from 11% to 19% (Lightfoot & Evans, 2000; Pullman, Leroux, Motayne, & Seto, 2014; Pullman & Seto, 2012).

Most of the JSO literature is focused on different explanatory factors but does not clarify how these factors are interrelated, how they develop over time, or why they become relatively stable (Lussier & Healey, 2010). Violent sexual behaviour cannot be explained in a generalist manner through a unique explanatory theory because it is an overlap of individual, psychological, and social processes all of them mediated by developmental and learning environment (Rich, 2003).

The integrated theory of Marshall and Barbaree (1990), and its subsequent adaptations, has been one of the most influential and innovative perspectives. It offers a developmental model to explain

the origin of sexual violence (O'Reilly & Carr, 2004) suggesting that adverse early experiences can disrupt a normal development and may increase the likelihood to engage in sexually coercive behaviour. But this theory has some weaknesses being one of the most obvious that it is extremely generalist attempting to explain all types of sexual offending (Ward, Polaschek, & Beech, 2006). Additionally, it remains unclear why the identified vulnerability and situational factors lead to sexual violence. Other theoretical models for JSO have been focused on parameters such as family context and history of maltreatment (Johnson & Knight, 2000), attachment style (Rich, 2006), or early antisocial behaviour (Lussier & Healey, 2010). Nevertheless, all of them fail to explain the sexually coercive behaviour from an integrative perspective (Ward et al., 2006).

There is considerable research on risk factors of JSO, although there is a need for more studies identifying specific risk factors to explain the development of the sexually coercive behaviour. One of the most studied risk factors is family background. Family is the most important learning environment during childhood and the primary social context where children apprehend acceptable attitudes and behaviours. Criminological theories have evidenced that family factors are closely linked to general delinquency (Ronis & Borduin, 2007). More specifically, it is well established that a dysfunctional family background is a risk factor involved in the aetiology of juvenile sexual violence (Rich, 2003; Yoder, Dillard, & Leibowitz, 2018).

Regarding family violence, Marini, Leibowitz, Burton, and Stickle (2014) reported that 83% of JSO were physically abused, 80% emotionally abused, 72% sexually abused, and 63% suffered all types of violence. There is strong evidence that JSO have higher rates of multiple victimization –physical, sexual, emotional and/or neglect- during childhood than nonsexual offenders (Barra, Bessler, Landolt, & Aebi, 2018; DeLisi et al., 2017; Hall, Stinson, & Moser, 2018; Levenson, Willis, & Prescott, 2016; Yoder et al., 2018). It is not only the direct violence but also the intrafamily context where it takes place, the basis of an unprotected and unstructured environment.

Along with the experiences of suffered violence, the lack of stable attachment figures during childhood is also a risk factor (Lightfoot & Evans, 2000; Margari et al., 2015; McCormack, Hudson, & Ward, 2002). Attachment style and sexual development are mutually related because attachment model experience will trigger personal abilities to interact and relate to others (Bowlby, 1998). Thus, attachment style and internal models that regulate self-esteem and confidence in others mediates sexual attitudes (Tracy, Shaver, Albino, & Cooper, 2003). Although it cannot be established a causal link, there is a correlation between insecure attachment and sexual violence in JSO (Rich, 2006; Tracy et al., 2003). JSO have a high prevalence of attachment disruptions during childhood (McCormack et al., 2002). Separation from one or both parents ranges from 41% (Aebi, Vogt, Plattner, Steinhausen, & Bessler, 2012) to 65% (Lightfoot & Evans, 2000), being these percentages higher than in nonsexual offender control groups.

Linked to family violence, instability, or disorganization is the possible existence of a sexually dysfunctional family (Goulet & Tardif, 2018). This has been an underattended risk factor that might be relevant to explain adolescent sexual offending. A sexually inadequate family environment is present when an adult family member allows children to be exposed to sexual activities or behaviours (e.g., pornography consumption, sexual intercourse)

that are inappropriate according to their evolutionary development (Lightfoot & Evans, 2000; Rich, 2003).

In addition, individual risk factors related to sexual development have been also examined. One of the most extensively explored has been sexual victimization during childhood. The percentages of JSO that have been victims of sexual violence ranges from less than 10% to 92% depending on the research (McCuish, Cale, & Corrado, 2017; Veneziano, Veneziano, & LeGrande, 2000). The researchers' criteria for categorizing sexual victimization are varied, but usually limited to a few types of direct sexual violence (Yoder & Precht, 2020). Consequently, the wide spectrum of sexually inadequate exposure or practices mentioned above remains overlooked (Goulet & Tardif, 2018). Moreover, findings about its predictive validity for sexual offending are inconsistent (Seto & Lalumière, 2010). Suffering sexual violence during childhood will result in varied consequences and it has been evidenced that JSO have higher rates of sexual victimization than nonsexual offenders (Marini et al., 2014). Nevertheless, this is not sufficient to causally link sexual victimization to sexual offending (Goulet & Tardif, 2018; Rich, 2003).

JSO have been previously exposed to sexually inappropriate situations, so their learning about sexuality begins through that experiences (Rich, 2003). It is usual that JSO have had their first consensual sexual intercourse earlier than other adolescents (Kjellgren et al., 2010; Seto & Lalumière, 2010), and there is evidence that JSO have been exposed to pornography at an early age, sometimes before age 10 (Rich, 2003; White et al., 2008).

The fact that most JSO have been exposed or have experienced inadequate sexual situations (Lightfoot & Evans, 2000) is an encouraging research domain. It may be possible that the key factor to explain sexual violence is correlated with the concept of "inadequate sexualisation" in addition to other risk factors. As has been previously explained, this concept includes all childhood experiences that could have affected a proper sexual development. Although it must be taken into account that the consideration of "normal" sexual development is culturally determined, it seems relevant to explore this issue.

The purpose of this study was to describe specific risk factors related to sexual offending in a Spanish JSO sample to better understand their characteristics. Thus, it would be possible to obtain more information about the origins of this behaviour and to highlight the concept of "inadequate sexualisation", which could be considered a key risk factor. These results will facilitate early detection through preventive programmes and enhance effective and specific treatments.

Method

Participants

The sample were 73 male juvenile sex offenders between 14 and 18 years of age ($M = 15.68$, $SD = 1.12$) who were serving a sentence for committing a sexual offence -sexual aggression (58.2%), sexual abuse (36.3%), child pornography (2.2%), exhibitionism (1.1%), sexual harassment (1.1%), and prostitution and corruption of minors (1.1%)- according to Spanish law.

Inclusion criteria were (a) being sentenced for committing a sexual offence between 14 and 18 years old, (b) voluntary participation in the study, and (c) having the capacity to read and understand Spanish.

Of the total sample, 43 (59%) were Spanish and 30 (41%) from other countries. Approximately 84% of the sample was attending secondary school.

Instruments

Semi-structured interview. This instrument was developed to collect information from JSO which was further completed and contrasted with professionals and through existing official records:

- a) History of family characteristics. Family relationships and parental marital status, separation from parents during childhood (it was categorized as an interruption to the relationship between the JSO and one or both parents during childhood for a period of at least 4 months under circumstances of family conflict, death, abandonment, or events such as imprisonment, hospitalization, or child institutionalization), educational style (permissive, overprotective, assertive, or authoritative), maltreatment experience from a family member (physical, emotional, sexual, and/or neglect), substance consumption by family members, exposure to violence towards women, and living in a dysfunctional household (house instability, lots and different people living with the family, usual changes of caregivers, non-stable adult figures, and/or habitual family conflict);
- b) School progress. School grade, school absenteeism and/or dropout, school year repetition, disruptive behaviour, and the presence of committed or suffered bullying;
- c) Sexual conduct. Age at their first consensual sexual intercourse, consensual sexual intercourses before sexual crime, ever had a partner, gender of their partners, whether they had a partner when committed the sexual crime, and whether they had ever received any sexual education (by a professional or an adult);
- d) Inadequate sexualisation. This concept was categorized if one or more of the following variables were present: sexual victimization during childhood, early consensual sexual intercourse with a similar-age partner (before age 13), exposure to inappropriate sexual behaviour within the family environment during childhood, beginning of pornography consumption at an early age (before age 12), first sexual intercourse through the use of prostitution at an early age, and the presence of deviant sexual fantasies (if fantasies implied violence or children more than 4-year younger); and
- e) Criminal records. Sentence, type of offence, victim characteristics, offence characteristics, sexual recidivism, and other committed crimes (both auto-informed and through criminal records).

Millon Adolescent Clinical Inventory (MACI; Millon, 1993) (Spanish version by Aguirre Llagostera, 2004). The MACI evaluates personality traits and psychopathology in adolescents. It is a 160-item self-reported inventory, with a true-false format and 31 scales. It assesses personality styles, significant personal concerns, and clinical symptoms in adolescent population. The recommended age for participants is 13 to 19 years old. Reliability has good scores in most areas. Internal consistency (Cronbach's alpha) ranged from .69 to .90 for different scales. After 3- and 7-day time periods, test-retest reliability scored between .57 and

.92. "Expressed concern" variables scores between 60 and 74 suggest that it is a slightly problematic issue for the adolescent. Scores should be higher than 75 to be considered as problematic. When referring to "Clinical syndrome" variables, scores between 61 and 74 indicate that the participant has similarities with juvenile population who manifest the syndrome, but it does not imply the presence of the syndrome.

Interpersonal Reactivity Index (IRI; Davis, 1980) (Spanish version by Pérez-Albéniz, de Paúl, Etxeberria, Montes, & Torres, 2003). The IRI is a self-report instrument developed to assess empathy from a multidimensional perspective including cognitive and emotional factors. It is a 28-item scale subdivided in 4 categories: perspective taking, fantasy, empathic concern, and personal distress. The first two categories assess cognitive processes and the last two measures emotional reactions to negative experiences of others. It is used for adult and adolescent population. Internal consistency (Cronbach's alpha) ranged from .70 to .78 (Davis, 1980). Test-retest reliability for male population scored between .61 and .79 after 60- and 75-day time periods, respectively. In the Spanish adaptation for juvenile population, internal consistency for different scales varies from .67 to .80 (Pérez-Albéniz et al., 2003).

Procedure

A descriptive study with male juvenile sex offenders was conducted. Spanish Juvenile Justice System Authorities from each Autonomous Region of Spain were asked to participate. Ethical approval was obtained from those that gave permission to develop the research. A collaboration agreement was signed with them (Balearic Islands, Canary Islands, Catalonia, Castilla and Leon, Madrid, Murcia, and Valencia). Prior to inclusion in the study, informed consent was obtained from juveniles over 18 years old, and from juveniles' parents or legal guardians when they were under 18.

Three sources were used to collect data directly by the first author: (a) a review of the individual case files; (b) an individual interview with the professionals in charge; and (c) an individual semi-structured interview with each JSO who also completed the standardized measures MACI and IRI. Data gathering took place between 2013 and 2015.

Data analysis

Descriptive statistics were performed by means of frequency and percentage analysis as well as central tendency statistics (mean and standard deviation). The one-sample *t*-test was used to determine the significance of the difference between the means of two sets of data (JSO sample and a normative group) for the IRI self-report. A difference of $p < .05$ was considered significant. Hedges' *g* effect size (Hedges, 1981) was calculated and interpreted as follows: $g = 0.20$ (small), $g = 0.50$ (medium), and $g \geq 0.80$ (large) (Cohen, 1988). The analyses were performed using the SPSS 24.0 programme.

Results

Table 1 shows the characteristics related to committed sexual offences. Sexual recidivism was determined by the presence of more than one episode of sexual violence against the same (53%)

or different victims (47%). Victim characteristics can be observed in Table 1. To determine age difference between the victim and the offender, it was established a four-year difference: child victims were at least four years younger than the offender, peer victims had up to 4 years difference, and adult victims were more than four years older than offender.

Table 2 shows the biological parents' marital status and the number of participants that lived separated from their parents during childhood. Some of them lived separated from their father (38.98%), others from their mother (3.39%), and the rest from both parents (57.63%).

The vast majority of JSO reported childhood maltreatment. Attending to abuse typologies, participants experienced physical abuse (38.36%), emotional abuse (84.93%), neglect (78.08%), and sexual abuse (21.92%). All of them were victims of more than one type of abuse. Nearly half reported neglect and emotional abuse (48.39%), 25.81% endorsed physical abuse, emotional abuse and neglect, and 12.9% stated physical abuse, emotional abuse, sexual abuse and neglect. The remaining percentage (12.9%) described other combinations of maltreatment typologies. The findings about the four educational styles evaluated were the following: 63% permissive, 29% overprotective, 3% assertive, and 5% authoritative.

Most JSO repeated a year at school, some of them once (35.48%) and the rest twice or more (64.52%). Most of them attended school irregularly and 13.21% dropped out of school. Some participants showed disruptive behaviour being some of them violent against mates or teachers (72.22%) and the remaining nonviolent (27.78%).

Regarding the presence of bullying, there were participants who bullied (51.35%) and participants who were bullied (48.65%).

Table 3 displays the JSO' previous sexual behaviour. More than two thirds of the sample did not receive sexual education during childhood. The vast majority had had one or more partners before committing the sexual crime. One third had a partner at the time of the commission of the sexual crime, but none of them committed the sexual crime against that partner. Mean age at first consensual sexual intercourse was 13.29 years ($SD = 1.79$, range 8-16 years old).

As shown in Table 3, one out of five were sexually victimized during childhood, 75% of them by a male offender and 25% by a female offender. In these results, sexual victimization is related to what is socially perceived as sexual abuse and do not encompasses the rest of the variables that comprises the concept of "inadequate sexualisation". Mean age at the beginning of pornography consumption was 11.54 years old ($SD = 2.06$, range 7-16 years old), starting most of them before the age 12. These results revealed that there was an elevated presence of the variable "inadequate sexualisation" during childhood (see Table 3).

Regarding clinical variables, Table 4 describes the MACI mean scores that appeared relevant according to the manual instructions. Consistent with the MACI manual, the analysis of Personality pattern scales' variables should be limited to scores above 60. Modifying indices mean scores indicated that Disclosure and Debasement scales' mean scores were in line with adolescent normative samples. Desirability scale mean score was between 75 and 84.

	n (%)
<i>Sexual recidivism</i>	
First sexual offence	39 (53.42)
More than one sexual offence	34 (46.58)
<i>Victim gender¹</i>	
Female	66 (72.53)
Male	23 (25.27)
Both	2 (2.2)
<i>Victim age¹</i>	
Child	31 (34.06)
Peer	49 (53.85)
Adult	11 (12.09)
<i>Previous relationship between offender and victim¹</i>	
Family	16 (17.58)
Acquaintance	42 (46.15)
Unknown	33 (36.27)
<i>Number of offenders¹</i>	
One	71 (78.03)
Two or more	20 (21.97)
<i>Main sentence²</i>	
Custodial facility	67 (83.75)
Community-based programme	13 (16.25)
<i>Total length of the sentence²</i>	
Less than 1 year	15 (18.75)
Between 1 and 3 years	43 (53.75)
Between 3 and 7 years	17 (21.25)
More than 7 years	5 (6.25)

Note: ¹Total number of sexual offences and victims is 91. ²Total number of sentences is 80, due to the commission of more than one sexual offence

	n (%)
FAMILY BACKGROUND	
Biological parents' marital status	
Married	26 (35.62)
Divorced	39 (53.42)
Dead (one or both)	6 (8.22)
Others (abandonment, unknown)	2 (2.74)
Has lived separated from parents during childhood	
Yes	59 (80.82)
No	14 (19.18)
Has been maltreated by a family member	
Yes	62 (84.93)
No	11 (15.07)
Dysfunctional or disorganized household	
Yes	51 (69.86)
No	22 (30.14)
ACADEMIC BACKGROUND	
Repetition of school year	
Yes	62 (84.93)
No	11 (15.07)
School absence	
Yes	53 (72.6)
No	20 (27.4)
Disruptive behaviour	
Yes	54 (73.97)
No	19 (26.03)
Presence of bullying	
Yes	37 (50.68)
No	36 (49.32)

Table 3
Sexual behaviour background and inadequate sexualisation (N = 73)

	n (%)
SEXUAL BEHAVIOUR BACKGROUND	
Has received sexual education	
Yes	21 (28.77)
No	52 (71.23)
Has had a partner before the sexual crime	
Yes	67 (91.78)
No	6 (8.22)
Had a partner when committed the sexual crime	
Yes	22 (30.14)
No	51 (69.86)
Has had consensual sexual intercourse before the sexual crime	
Yes	56 (76.71)
No	17 (23.29)
INADEQUATE SEXUALISATION	
Victim of sexual violence during childhood	
Yes	16 (21.92)
No	57 (78.08)
Exposed to inappropriate sexual behaviour within the family environment	
Yes	19 (26.03)
No	54 (73.97)
Beginning of pornography consumption at an early age (<12 years)	
Yes	51 (69.86)
No	22 (30.14)
Deviant sexual fantasies	
Yes	15 (20.55)
No	58 (79.45)
Inadequate sexualisation	
Yes	70 (95.89)
No	3 (4.11)

Attending to empathy construct, IRI scores are shown in Table 5. The highest score appeared in Empathic Concern scale which is related to emotional reactions to other's negative experiences, compassion, and concern about other's discomfort. Statistically significant differences were observed when comparing current sample scores and Mestre-Escrivá, Frías-Navarro, and Samper-García (2004) research. Differences were found in the Empathic Concern scale (medium effect size), in the Perspective Taking scale (small effect size), and in the Personal Distress scale (small effect size).

Discussion

The aim of the research was to describe specific and general risk factors related to sexual offending in a sample of Spanish JSO. Better understanding of their background and their individual, family, and personality characteristics will facilitate the development of prevention and treatment programmes.

Findings showed that 46.6% of the sample repeated their sexually coercive conduct, which is noteworthy. However, due to the age of the participants, it is not possible to define them as specialized sexual offenders (Pullman et al., 2014). The rate of group sexual offences (22%) is between the 7% found by Hunter, Figueredo, Malamuth, and Becker (2003) and the 42% detected by Kjellgren et al. (2010). Most of the victims were female, acquaintance, and

Table 4
Millon Adolescent Clinical Inventory scores (N = 73)

	M (SD)
Modifying indices	
X Disclosure	54.94 (22.71)
Y Desirability	78.54 (20.01)
Z Debasement	60.38 (21.90)
Personality patterns scales	
1 Introversive	42.92 (22.15)
2A Inhibited	41.5 (23.08)
2B Doleful	47.22 (16.31)
3 Submissive	56.65 (26.69)
4 Dramatizing	64.49 (32.92) ¹
5 Egotistic	63.94 (31.50) ¹
6A Unruly	59.25 (24.91)
6B Forceful	48.94 (23.26)
7 Conforming	66.64 (34.08) ¹
8A Oppositional	48.37 (23.45)
8B Self-demeaning	45.14 (19.86)
9 Borderline tendency	43.58 (21.48)
Expressed concern	
A Identity diffusion	47.15 (24.47)
B Self-devaluation	50.68 (24.65)
C Body disapproval	49.33 (22.87)
D Sexual discomfort	56.47 (30.25)
E Peer insecurity	50.43 (20.49)
F Social insensitivity	68.72 (27.52) ¹
G Family discord	49.10 (19.77)
H Childhood abuse	62.15 (30.46) ¹
Clinical syndrome	
AA Eating dysfunctions	51.61 (22.12)
BB Substance-abuse proneness	64.36 (24.36) ¹
CC Delinquent predisposition	69.49 (22.78) ¹
DD Impulsive propensity	52.86 (29.01)
EE Anxious feelings	45.27 (23.56)
FF Depressive affect	46.35 (24.63)
GG Suicidal tendency	52.96 (21.26)

Note: Scoring range of all scales is 0-115. ¹Means that exceeds relevant scores according to the manual

Table 5
Interpersonal Reactivity Index differences between JSO sample and normative adolescent population

	JSO sample (N = 73)	Mestre et al. (2004) (N = 682)	t	p	g
	M (SD)	M (SD)			
Perspective Taking (0-28)	15.84 (5.14)	14.38 (4.26)	2.72	.006**	.335
Fantasy (0-28)	13.90 (5.53)	13.45 (4.77)	0.75	.451	.215
Empathic Concern (0-28)	19.25 (5.13)	16.73 (4.09)	4.87	.0001***	.664
Personal Distress (0-28)	11.59 (4.20)	10.41 (4.33)	2.21	.026*	.273

Note: *p < .05; **p < .01; ***p < .001. g = Hedges' g (effect size)

similar aged to the offender. Thus, these findings support the idea that JSO' victim selection is more mediated by the opportunity than by a deliberated election of a specific victim profile (Hunter et al., 2003; Kemper & Kistner, 2007).

This study reveals that the prevalence of multiple maltreatment and family dysfunction is high for JSO. The findings are similar to previous research that found elevated rates of childhood

maltreatment in JSO samples (Hall et al., 2018; Levenson et al., 2016; Marini et al., 2014; McCuish et al., 2017). The likelihood to develop a violent or criminal behaviour during adolescence is higher for those who suffered any kind of violence during childhood (Baglivio & Epps, 2016; Fox, Pérez, Cass, Baglivio, & Epps, 2015; McCuish et al., 2017). In this respect, current research supports that JSO live in a dysfunctional family household and are highly victimized (Barra et al., 2018; DeLisi et al., 2017; McCuish et al., 2017). Consistent with previous studies (Aebi et al., 2012; Lightfoot & Evans, 2000), these findings also support that the separation in infancy from parents is usual for JSO.

Family and personal distress may be linked to academic results and behaviour. Most of them repeated a school year as was evidenced in prior studies (Goulet & Tardif, 2018), and was also frequent to show disruptive behaviour and school absenteeism. It is important to further explore how family background and negative experiences at home affect the academic context.

The focus on sexual behaviour is essential. JSO of this study had their first consensual sexual intercourse at an average age of 13, two years earlier than adolescent Spanish population (Bermúdez, Castro, Madrid, & Buena-Casal, 2010). As Bullens, van Wijk, and Mali (2006) pointed out, it might be convenient to revise the idea that some authors have previously stated that adolescents who commit sexual offences are just experimenting with sex. Actually, 77% of the sample had had previous consensual sexual intercourse before sexual offending.

Therefore, sexual development and behaviour in childhood seems to be one of the most important specific risk factors for sex offending during adolescence. Many researchers and clinicians attribute sexually coercive conduct to prior sexual victimization (Yoder & Precht, 2020). However, our findings reveal that there is not a high rate of sexual victimization during childhood, which is consistent with previous research (Barra et al., 2018; Newman, Larsen, Thompson, Cyperski, & Burkhart, 2019). The presence of the variables that integrate the concept of “inadequate sexualisation” is certainly part of these adolescents’ previous experiences that may have affected their sexual development. Seventy percent of them begun pornography consumption before 12 years old, 26% lived in a sexualized family environment, the age at their first consensual sexual intercourse was lower than in general population -usually before 13 years old-, and 21% had deviant sexual fantasies. These results are consistent with international research (Goulet & Tardif, 2018; White et al., 2008). Thus, “inadequate sexualisation” should be taken into consideration for future research when comparing JSO with nonsexual offenders and general adolescent population to assess its validity.

Attending to MACI results, JSO have a dramatizing, egotistic, and conforming personality pattern. About expressed concerns, scores related to social insensitivity and childhood abuse are in

line with Zakireh, Ronis, and Knight (2008) research. However, these results differ from Zakireh et al. (2008) who found high scores in sexual discomfort and body disapproval. In relation with clinical syndromes, delinquent predisposition and substance-abuse proneness are the most salient scales. These findings partially support previous research that examined JSO groups based on their MACI profiles (Glowacz & Born, 2013; Newman et al., 2019). Related to desirability scores, it cannot be assumed an elevated desirability, but they could be expected to minimize their concerns.

Regarding empathy construct, JSO of our sample have higher rates of cognitive and affective empathy than general Spanish adolescent population (Mestre-Escrivá et al., 2004). These findings are consistent with the idea about the dynamism of empathy and its capability of being modified depending on the circumstances (Ward et al., 2006). A possible explanation is that JSO may have a high general rate of empathy but low specific empathy towards their victims (Brown, Harkins, & Beech, 2012; Ward et al., 2006). As IRI does not assess specific situational empathy, further research is needed. Nevertheless, results should be read with caution due to small effect sizes, except for the Empathic Concern scale. The debate should be focused on defining if sexual offences are triggered by empathy deficits towards the victim or if the attention should be paid on different mechanisms as cognitive distortions, self-esteem, or social incompetence.

This research, in which juveniles from different Autonomous Regions were included, is the first approach to Spanish JSO population. It is surprising that research on juvenile sex offending has paid relatively little attention to sexual development. Thus, future studies should examine in more detail variables related to “inadequate sexualisation” because the current findings suggest encouraging ideas about it.

This study has some limitations. First, the limited size of the sample has to be taken into account when interpreting the results. Second, sexual offenders of the sample were serving a sentence due to the severity of the sexual offence so the results may not be generalizable to young offenders who commit minor sexual offences. Finally, it should be remarked that this study does not address causal determinations for sex offending, but findings are consistent with the key risk factors of juvenile sexual offending.

There is a need to develop more research with JSO samples in order to understand the onset and the dynamics of violent sexual behaviour from early stages. This will allow to effectively assess, treat, and manage this population, decrease sexual recidivism, and prevent sexual violence (Pullman & Seto, 2012). More investigation on JSO group comparisons will be developed to distinguish between types of sex offenders, for example, sexual recidivists in comparison with nonsexual recidivists, or sex-only offenders in comparison with sex-plus offenders (if they had ever committed nonsexual offences as well).

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