Handout A1
Sex Offender Quiz

Read each statement and as a group decide if the statement is true or false. All members of the group should come to the same conclusion, not by voting, but by discussing each statement.

1. Sex offense rates are higher than ever and climbing rapidly.

2. About 1 in 10 girls and 1 in 15 boys will be victims of sexual assault before they turn 18.

3. The motive for rape is often the result of uncontrollable sexual urges.

4. Most sex offenders seek out their victims in the streets, schools, and churches.

5. Most adolescent sex offenders are sexual predators.

6. About 25% of all convicted sex offenders serve a felony probation or parole term.

7. Because of their predispositions and addiction, research shows that older sex offenders recidivate more often than younger sex offenders.

8. Sexual deviance and criminal lifestyle are not reliably linked with sex offender recidivism risk.

9. Research shows that probation officers working in specialized sex offender units are less likely than other probation officers to file violations of probation petitions for treatment non-compliance.

10. Most sexual assault victims don't know their offenders.

11. Compared to adult sex offenders, few sex offenses are committed by adolescents.

12. Research shows that probation officers and sex offenders have similar thoughts, habits, and beliefs.

13. When adolescents are sex offenders, they tend to commit the offenses because of a curiosity about sexuality.

14. More than 75% of adolescent sex offenders were sexually abused as children.

15. Research shows that some sex offenders can be cured of their problem through intensive treatment and supervision.

16. Out of all inmates (males and females) incarcerated in the United States, 1 out of 100 are female sex offenders.

17. Sex offenders have higher reoffending rates than most other offenders.

18. Nearly 90% of substantiated rapes are committed by offenders against victims of the same race.

19. It is impossible to evaluate change in risk among sex offenders.

20. Characteristics of the victim can help determine supervision levels of offenders, particularly among juveniles.

21. Adolescent sex offenders differ from adult sex offenders in several ways.

22. In terms of cost, it is cheaper to treat and supervise a sex offender in the community than it is to incarcerate them in prison or jail.

23. A recent study of 900 convicted sex offenders found that "under the right set of conditions, probation is the *most appropriate* criminal sanction for some types of sex offenders"

24. Research shows that participating in training programs will result in more favorable attitudes about sex offenders among probation and parole officers.

Handout A2
What is Sexual Violence

Violence includes words and actions that hurt people. Hurting, or harming, someone causing pain or distress, either intentionally or through a lack if regard. Violence can be physical, sexual, emotional, social, spiritual, or financial.

Sexual Violence is the use of sexual actions and words that are unwanted by and/or harmful to another person. Some common terms that are used interchangeably with sexual violence are **sexual abuse** and **sexual assault**.

Some Key Terms…
Sexual Consent: free and active agreement, given equally by both partners, to engage in a specific sexual activity.
Consent is not present when either partner:

- Fears the consequences of not consenting (including use of force)
- Feels threatened or intimidated
- Is coerced (see below)
- Says no, either verbally or physically (e.g., crying, kicking, or pushing away).
- Has disabilities that prevent the person from making an informed choice
- Is incapacitated by alcohol or drugs
- Lacks full knowledge of information of what is happening
- Is not an active participant in the activity
- Is below the legal age of consent

Sexual Coercion: Compelling someone to submit to an unwanted sexual act by intimidating, threatening, misusing authority, manipulating, tricking, or bribing with actions or words. When a person is coerced, she or he has not given consent.

*Please note that these are working definitions related to sexual violence for use in the Kit. For legal delimitations, please refer to *Sexual Violence Basics: How do Laws Deal With Sexual Violence?*

DEFINITIONS FOR SPECIFIC FORMS OF SEXUAL VIOLENCE

Child Sexual Abuse: Forced, tricked, bribed, blackmailed, or coerced sexual behavior between a child and another child, a young person, or an adult. Child sexual abuse includes:

- Oral, anal, or vaginal penetration
- Sexual touching (often called fondling or molestation)
- Forcing children to act sexually with one another or to display their body parts
- Displaying sexually graphic materials or sexual body parts to a child
- Using sexually graphic language and/or behavior in the presence of a child

Incest is sexual abuse that is committed by one family member against another. Also called familial sexual abuse, incest can be committed by a parent, stepparent, guardian,

sibling, other family member, or an unrelated person living with or treated as part of the family.

Pornography: Sexually graphic materials created for the purpose of sexual arousal. Violent pornography is sexually graphic material that combines sex with violence, mistreatment, humiliation, or abuse. This includes the making of pornography when it involves violence, bribery and coercion, even if none is depicted.

- Child pornography is any sexually graphic material, or any material produced for the purpose of sexual arousal, that depicts children.
- Pornography comes from the Greek words *porne*, meaning female captive or prostitute; and *graphos*, meaning writing about or depiction of.

Commercial Sexual Exploitation: paying someone else for sexual activities, or for sexual graphic materials or behaviors.

Forms of Commercial Sexual Exploitation:

- Stripping
- Prostitution
- Nude bars
- Streetwalking
- Pornography
- Peep shows
- Live sex shows
- Trafficking people
- Mail order brides

Professional Sexual Exploitation: Inappropriate use of sexual actions and words by professionals and volunteers within a helping context. Any sexual interaction between helping professionals and clients is sexually violating (even if the victim views it as consensual). Helping professionals are bound ethically and/or legally to abstain from sexual interaction with clients, patents, and others they serve.

Examples of helping professions:

- Counseling
- Psychology
- Social work
- Therapy
- Health care
- Pastoral care
- Law
- Victim advocacy
- Education
- Public health

Prostitution: Buying and selling people for the purpose of sexual activities. Bribery and other forms of coercion are typically involved in prostitution. Prostitution includes trading sex for food, clothing, shelter, drugs and companionship.

Rape: Unwanted, coerced and/or forced sexual penetration. The perpetrator may penetrate the victim's vagina, mouth, or anus, either with a body part or another object. The victim also may be forced to penetrate the perpetrator's vagina, mouth, or anus.

- Rape comes from the Latin word rapere, meaning to seize or steal.

Ritual Sexual Abuse: An organized form of sexual abuse, frequently involving numerous perpetrators and victims. Groups who perform ritual abuse use their beliefs to justify their practices; the abuse is used to control and condition victims. Ritual abuse occurs regularly and/or in a formalized or systematic manner, and often involves mind control, drugs, torture, child sexual abuse, rape, violent pornography, and prostitution.

Sexual Harassment: unwanted verbal sexual advances, requests for sexual favors, and other visual verbal, or physical conduct of a sexual nature. Sexual harassment can also include:

- Stalking
- Voyeurism ("peeping toms")
- Exhibitionism/exposing
- Obscene comments and phone calls

Sexual Harassment can occur in the workplace, school, and other settings (such as public transportation, shopping malls, community events, social gatherings, places of worship, health care facilities) and an create an intimidating or hostile environment for the victim. The perception o the victim, not the intent of the harasser, determines whether particular words or actions are harassing.

Sexual Violation: Use of sexual contact behaviors hat are unwanted by and/or harmful to another person, but do not involve penetration. This can include touching or rubbing against a non-consenting person in public ("frottage"), forced masturbation, and non-consensual touching of the breasts, buttocks, genital, ad other sexualized body parts by another person.

Minnesota Department of Health
Reprinted with Permission

Handout A3
Who are Victims of Sexual Violence

Who are the victims of sexual violence?

Anyone can be a victim:

- Males and females
- People of every age, race, and culture
- People of every sexual orientation, occupation, and social status
- People pf every faith, income, and ability

How do we refer to people who have been sexually victimized?

- Victim: any person who has experienced, or is experiencing, sexual violence
- Survivor: anyone who has experienced sexual victimization and is healing/recovering

Here are some myths about victims of sexual violence:

- A person cannot be raped by his or her partner or spouse.
- If she is wearing a short skirt, or flirting, she is asking for sex.
- Only young, attractive girls and women get sexually violated.
- People who are drunk or high have no one to blame but themselves when they get raped.
- People with disabilities do not experience sexual violence.
- Infants and young children do not get sexually abused.
- Men only get raped if they are gay.
- People who are bought or sold for money or drugs are asking to be sexually violated.
- Lots of people claim they were sexually abused when they never were.
- I could get out of a dangerous situation if I really wanted to.
- No one will believe that I was sexually abused, even if I tell.

What other myths have you heard?

Here are some things we know:

- People are **most often** victimized by someone they know, love, live with, or trust.
- No one is **ever** responsible for being a victim. The person who acts in sexually violent ways is **always** responsible.
- Everyone has the right to say “no” to sexual contact.
- People may want attention, affection, even sexual intimacy; but no one wants to be sexually violated.
- Men and women of any sexual orientation can be victims of sexual violence.
- According to the FBI, only 2 or 3 of every 1000 cases of sexual assault are “false reports.”
- People often cannot, or don’t know how to get themselves out of dangerous situations.

- There are no guarantees that victims will be believed when they disclose abuse, but it is important for them to find someone who will listen and help.

Sexual violence is never the fault of the victim, even if he or she:

- Did not say no
- Did not fight
- Initiated the contact
- Did not tell
- Felt sexual sensation
- Accepted gifts or money

None of these behaviors or reactions constitutes **consent**.

Secondary victims are people who witnessed the sexually violent incident or who know, love, or support the victim or perpetrator. Their experiences may be traumatic, and they often respond in some ways that are similar to primary victims.

No one can predict who will become a victim of sexual violence. However, people who have been victims are somewhat more likely to be sexually victimized again. How might a person become a victim more than once?

The following is an example of how someone who has been a victim might be victimized again.

Frankie was first sexually abused at age 4, by a family member. As time went on, the abuse continued and escalated. By the time Frankie was 10, the abuse also involved unwanted sexual intercourse with other family members and friends. Frankie believed that the abuse was something everyone experienced, and did not feel that it would help to tell anyone about it. After running away at age 15, Frankie got into a relationship with a sexually abusive partner, who forced Frankie to sell sex for money and drugs. Frankie stayed in the relationship, believed that this sexual behavior was normal and deserved.

People who have been victims of sexual violence can and do recover. They can live healthy, fulfilling lives without an further experiences with violence. If you or someone you know has experienced sexual violence, you can find names of organization in the GENERAL contacts section that may be able to help.

Minnesota Department of Health
Reprinted with Permission

Handout A4
Sexual Violence Basics: Glossary

The following words can be defined in several ways, but the definitions listed below relate specifically to sexual abuse.

Child Sexual Abuse - forced, tricked, bribed, and coerced sexual behavior between a child and another child or adult.

Child Pornography - any sexually graphic material, or material used for the purpose of sexual arousal, which depicts children.

Coercion - actions and words used to threaten, manipulate, bribe, and otherwise compel someone to submit to an unwanted sexual act.

Commercial Sexual Exploitation - paying someone else for sexual activities, or for sexually graphic materials or behaviors.

Consent - free agreement to engage in some type of sexual activity.

Fetishism - the use of non-living objects (e.g., women's underpants, bras, stocking, shoes, boots, other apparel) for sexual excitement (a form of ***paraphilia***).

Force - physical, emotional, social, and financial pressure by one individual in order to use sexual actions and words that hurt another.

Frotteurism - sexually touching and/or rubbing against a non-consenting person, typically taking place in a crowded place from which the perpetrator can easily escape (a form or ***paraphilia***).

Healthy Sexuality - acceptance of and respect for one's own and others' gender, body, sexual orientation and feelings; practicing ways to express sexuality that are self-affirming and pleasurable, and that deepen intimacy with others (without causing harm).

Incest - sexual abuse that is committed by one family member against another. Also called *familial sexual abuse*, incest can be committed by a parent, step-parent, guardian, sibling, other family member, or an unrelated person living with, or treated as part of the family.

Molestation - *see child Sexual Abuse*

Offender - *see Perpetrator*

Paraphilias - psycho-sexual disorders involving recurrent, intense, sexually arounsing fantasies, sexual urges or behaviors that involve nonhuman objects or the suffering or

humiliation of oneself, one's partner, children, or other non-consenting persons (e.g., pedophilia, sadism, voyeurism, fetishism).

Pedophile - an individual with a diagnosable mental disorder which features recurrent, intense, sexually arousing fantasies, sexual urges, or behaviors involving sexual activity with a prepubescent child (generally age 13 or younger). *Pedophilia* is a form of ***paraphilia***.

Perpetrator - an individual who uses sexual words or actions that are unwanted by and/or harmful to another person.

Pornography - sexually graphic materials created for the purpose of sexual arousal.

Post-Traumatic Stress Disorder - a mental disorder in which symptoms develop after exposure to an extreme traumatic stressor (including victimization). Symptoms include extreme fear, helplessness, or horror; recurrent flashbacks memories, and nightmares; difficulties concentrating and falling or staying asleep; hypervigilance, irritability, and outbursts of anger; markedly diminished interest in activities; and loneliness or feelings or isolation.

Prevention - keeping something from happening.

Primary Victim - *see Victim*

Professional Sexual Exploitation - inappropriate use of sexual actions and words by professional and volunteers within a helping context. Any sexual interaction between helping professional and clients is sexually violating.

Promotion - encouragement of progress, growth and acceptance.

Prostitution - buying and selling people for the purpose of sexual activities.

Rape - unwanted, coerced, and/or forced oral, anal, and vaginal sexual penetration.

Ritual Abuse - an organized form of sexual abuse, frequently involving numerous victims and perpetrators.

Secondary Victim – an individual who experiences sexual violence as a bystander or as someone who knows and/or loves the victim and/or perpetrator; this individual may be affected in ways similar to a ***Primary Victim***.

Sexual Assault – *see Sexual Violence*

Sexual Harassment – unwanted verbal sexual advances, requests for sexual favors, or other visual, verbal, or physical conduct of a sexual nature that creates a hostile or intimidating environment for the victim.

Sexual Health – *see Healthy Sexuality*

Sexual Sadism – acts in which the individual derives sexual excitement from the psychological or physical suffering (including humiliation) of the victim (a form of ***paraphilia***).

Sexual Violation – use of sexual behaviors involving contact that are unwanted by and/or harmful to another person, but do not involve penetration.

Sexual Violence – the use of sexual words or actions that are unwanted by and/or harmful to another person. Also referred to as sexual assault and sexual abuse.

Significant Relationship – legal term referring to a relationship which exists between a victim and a perpetrator who is a parent, step-parent, or guardian of the victim; related by blood, marriage or adoption; or living in the same house.

Survivor – individual who has been sexually victimized and is healing/recovering.

Victim – individual who as been, or is being, sexually victimized; someone who has had unwanted and/or harmful sexual actions and words used against him or her.

Victim Advocates - staff, interns, and volunteers of victim service programs who work to prevent sexual violence and meet the needs of victims.

Violence – words and actions that hurt people.

Violent Pornography – sexually graphic material, created for the purpose of sexual arousal that combines sex with violence, mistreatment, humiliation, or abuse in its imagery or production.

Voyeurism – the act of observing unsuspecting individuals, usually strangers, in the process of disrobing or engaging in sexual activity (a form of ***paraphilia***).

Minnesota Health Department
Reprinted with Permission

Handout A5
Assumptions, Strengths, and Weaknesses of Sex Offender Laws

Laws	Assumptions	Strengths	Weaknesses
Civil Commitment	Keeping offenders away from society by committing them as a danger to society will keep the offender from committing future offenses.	-Clear deterrent value -Displays contempt for behavior	-Cost -Blurs line between mental health & sex offender treatment -Displacement (Crimes in prison)
GPS Monitoring	Monitoring the offender's whereabouts will protect society from harm. GPS is viewed as another tool officers can use to supervise sex offenders.	-Intensive oversight may deter behavior	-Cost -May be unnecessary for some offenders -Equipment failures -Untested for sex offenders -False sense of security
Exclusion Zones	Keeping sex offenders out of certain areas will protect groups judged to be at risk by law makers. These areas include schools, day care centers, parks, playgrounds, libraries, convenient stores, movie theatres, and other areas. Probation officer will need to communicate laws to offenders	-Displays contempt for behavior -In theory, policies restrict movement	-Most offenses committed at/near home -Too restrictive -Displacement -Social exclusion -False sense of security -Harder to find jobs -Difficult to get to work -Foster homelessness -Families must move -Harder to track -Results in offenders being concentrated in specific part of community
Registries/ Notification	Notifying the public of the presence of a sex offender will protect those who live near sex offenders. More than 500,000 sex offenders are registered.	-Displays contempt for behavior -	-No deterrent value -Possible harm (vigilantes) -Lose friends -Harassment at work -Difficult to implement -One size fits all ends up fitting no one -Impedes reintegration -Increases fear among residents
Chemical Castration	Injecting the hormone medro oxyprogesterone acetate (Depo-Provera) will lower the offender's testosterone levels and sexual impulses	-Evidence of success for some offenders	-Medicalizes social control -Question about who should decide use
Polygraphs	Some states require sex offenders convicted of two or more sex offenses to submit to periodic polygraphs. As one component of the containment strategy, some have compared them to drug tests. Seen as a supplemental tool, not a primary tool.	-Deterrent value -Could disclose offending -Can be a probation condition as long as offender is asked about sex offenses -Admissible in revocation hearings -Reduces denial	-Questions about validity -Lack of standardization -Over-reliance can be problematic

Source: Adapted from Beck and Travis, 2004; Cavanaugh, 2006; Craissati, 2004; Farkas and Stichman, 2002; Prentky, 1996; Sullivan, 2007; Stromberg, 2007 Tewksbury, 2000.

Handout A6
What Research Shows About Adolescent Sex Offenders

By Mark Chaffin, PhD; Barbara Bonner, PhD; Keri Pierce, MPH, MSW
National Center on Sexual Behavior of Youth at the Center on Child Abuse and Neglect
University of Oklahoma Health Sciences Center

This Fact Sheet was developed to provide professionals with basic information about adolescent sex offenders. The information is based on the available research and it should be noted that research in this area continues to be limited. The first section briefly reviews the research on adolescent sex offenders and the second section describes issues related to community safety and supervision.

Research Findings

- Adolescent sex offenders are defined as adolescents from 13 to 17 who commit illegal sexual behavior as defined by the sex crime statutes of their jurisdictions.

- Adolescents do not typically commit sex offenses against adults although the risk of offending against adults increases slightly after an adolescent reaches age 16.

- Approximately one-third of sexual offenses against children are committed by teenagers. Sexual offenses against young children are typically committed by boys between the ages of 12 to 15 years old.1, 2

- Adolescent sex offenders are significantly different from adult sex offenders in several ways:

    - Adolescent sex offenders are considered to be more responsive to treatment than adult offenders and do not appear to continue re-offending into adulthood, especially when provided with appropriate treatment.3
    - Adolescent sex offenders have fewer numbers of victims than adult offenders and, on average, engage in less serious and aggressive behaviors.4
    - Most adolescents do not have deviant sexual arousal and/or deviant sexual fantasies that many adult sex offenders have.5, 6
    - Most adolescents are not sexual predators nor do they meet the accepted criteria for pedophilia.7
    - Few adolescents appear to have the same long-term tendencies to commit sexual offenses as some adult offenders.
    - Across a number of treatment research studies, the overall sexual recidivism rate for adolescent sex offenders is low, generally under 11 percent. Adolescent offenders against children tend to have slightly lower sexual recidivism rates than adolescents who rape other teens.8
    - Adolescent sex offender rates for sexual re-offenses (5-14%) are substantially lower than their rates of recidivism for other delinquent behavior (8-58%).9,10,11

- Adolescent sex offenders commit a wide range of illegal sexual behaviors, ranging from limited exploratory behaviors committed largely out of curiosity to repeated aggressive assaults.

- The characteristics of adolescent sex offenders are also very diverse.12

    - Some are otherwise well-functioning youth with limited behavioral or psychological problems.
    - Some are youth with multiple non-sexual behavior problems or prior non-sexual juvenile offenses.
    - Some are youth with major psychiatric disorders.
    - Some come from well-functioning families; others come from highly chaotic or abusive backgrounds.

- Contrary to common assumption, most adolescent sex offenders have not been victims of childhood sexual abuse.13,14

Community Safety and Supervision Issues

- There is general agreement that adolescent sex offenders should be processed through the juvenile justice system as it can provide documentation for future use and provide broader sentencing options.

- Adolescent sex offenders should be subjected to the normal juvenile probation supervision requirements.

- Most adolescent sex offenders pose a manageable level of risk to the community. They can be safely maintained in the community under supervision by probation officers and be treated in outpatient treatment programs.15 However, a minority pose a danger to the community and require residential or custodial placement to ensure safety.

- It is important to identify higher risk youth in order to make the most effective placement decisions. There is currently no scientifically validated system or test to determine exactly which adolescent sex offenders pose a high risk for recidivism. Mental health professionals and treatment staff typically overestimate the possibility of recidivism in evaluations, labeling far more teenagers as high risk than is actually accurate.16 In predicting risk to the community, it is usually appropriate to assume that an adolescent sex offender is relatively low risk unless there is significant evidence to suggest otherwise. Low risk does not imply the absence of risk, and low-risk offenders still need supervision and treatment. The following factors are important to consider in evaluating risk:

    - A history of multiple sexual offenses, especially if any occurs after adequate treatment.
    - A history of repeated non-sexual juvenile offenses.
    - Clear and persistent sexual interest in children.
    - Failure to comply with an adolescent sexual offender treatment program.

    - Self-evident risk signs such as out-of-control behavior, statements of intent to re-offend, etc.
    - Family resistance regarding supervision and compliance, (e.g., the youth needs to be supervised by appropriate adults in the home and community and the adults need to make certain the youth complies with probation and treatment requirements).

- Decisions about whether an adolescent sex offender should remain in the same home with the victim of his or her offense should be made carefully on a case-by-case basis. The decision may involve input from a variety of professionals within and outside of the juvenile justice system (e.g., child protection workers, therapists, etc.).

- For adolescent sex offenders against children, additional supervision requirements should be considered. The following suggested rules should be adapted for the specific adolescent's family:

    - No baby-sitting under any circumstances.
    - No access to young children or potential victims without direct supervision by a responsible adult who is aware of the problem.
    - No authority or supervisory role over young children (e.g., in school, church or job activities).
    - No possession or use of sexually explicit, "x-rated," or pornographic materials.

- These rules do not preclude most ordinary daily activities, such as going to school, church, stores or restaurants with family, or involvement in age-appropriate and appropriately supervised peer activities.

Although there are safety and supervision issues that need to be addressed with this population, it is crucial to remember that adolescent sex offenders are different from adult sex offenders. The National Center on Sexual Behavior of Youth will continue to develop information on the subject of adolescent sex offenders and also on children with sexual behavior problems for professionals who work with these specialized populations.

Other topics for future fact sheets are: What Research Shows about Children with Sexual Behavior Problems, Adolescent Female Sex Offenders, Assessment of Adolescent Sex Offenders, Placement of Adolescent Sex Offenders, Sex Offender Registration and Adolescent Sex Offenders, Common Misconceptions vs. Current Evidence: Adolescent Sex Offenders, and Common Misconceptions vs. Current Evidence: Children with Sexual Behavior Problems.

---

1 National Center for Juvenile Justice. (1999). Juvenile Offenders and Victims: 1999 National Report. Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

2 Davis, G. E., & Leitenberg, H. (1987). Adolescent sexual offenders. Psychological Bulletin, 101, 417-427.

3 Association for the Treatment of Sexual Abusers. (2000). The Effective Legal Management of Juvenile Sexual Offenders (Position Paper). Beaverton, OR: ATSA.

4 Miranda, A.O., & Corcoran, C.L. (2000). Comparison of perpetration characteristics between male juvenile and adult sexual offenders: Preliminary results. Sexual Abuse: A Journal of Research and Treatment 12, 179-188.

5 Hunter, J. A., Goodwin, D. W., & Becker, J. V. (1994). The relationship between phallometrically measured deviant sexual arousal and clinical characteristics in juvenile sexual offenders. Behavioral Research and Therapy, 32, 533-538.

6 Becker, J. V., Hunter, J. A., Stein, R. M., & Kaplan, M. S. (1989). Factors associated with erection in adolescent sex offenders. Journal of Psychopathology & Behavioral Assessment, 11, 353-363.

7 American Psychiatric Association. (1994). Diagnostic and statistical manual of mental disorders (4th ed.). Washington, DC:Author.

8 Alexander, M. A. (1999). Sexual offender treatment efficacy revisited. Sexual Abuse: A Journal of Research and Treatment, 11, 101-116.

9 Worling, J. R. (2000). Adolescent sexual offender recidivism: Success of specialized treatment and implication for risk prediction. Child Abuse and Neglect, 24, 7, 965-982.

10 Schram, D.D., Milloy, C.D., & Rowe, W.E. (1991). Juvenile sex offenders: A follow-up study of reoffense behavior. Olympia, WA: Washington State Institute for Public Policy.

11 Långström, N. & Grann, M. (2000). Risk for criminal recidivism among young sex offenders. Journal of Interpersonal Violence. 15, 8, 855-871.

12 Chaffin, M., Letourneau, E., & Silovsky, J. (2002). Adults, adolescents and children who sexually abuse children. In J. Myers, L. Berliner, J. Briere, C. Hendrix, C. Jenny, & T. Reid (eds.) The APSAC Handbook on Child Maltreatment, 2nd Edition. Thousand Oaks, CA: Sage.

13 Hanson, R.K., & Slater, S. (1988). Sexual victimization in the history of sexual abusers: A review. Annals of SexResearch, 1(4), 485-499.

14 Widom, C.S. (1995). Victims of childhood sexual abuse—later criminal consequences. National Institute of Justice, Office of Justice Programs.

15 Association for the Treatment of Sexual Abusers (ATSA). (2000, March 11). The effective legal management of juvenile sex offenders. Retrieved May 7, 2002, from http://www.atsa.com/ppjuvenile.html

16 Smith, W. R. & Monastersky, C. (1986). Assessing juvenile sexual offenders' risk for reoffending. Criminal Justice & Behavior, 13, 115-140.

This Fact Sheet was prepared by the National Center on Sexual Behavior of Youth at the Center on Child Abuse and Neglect, University of Oklahoma Health Sciences Center under grant number 01-JR-BX-K002 from the Office of Juvenile Justice and Delinquency Prevention (OJJDP), U.S. Department of Justice.