SERVICE PROVIDERS' PERCEPTIONS OF THE SEXUAL NATURE OF ADOLESCENT SEXUAL OFFENDERS PRIMARY CARE ENVIRONMENT

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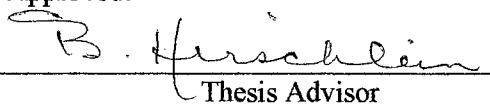

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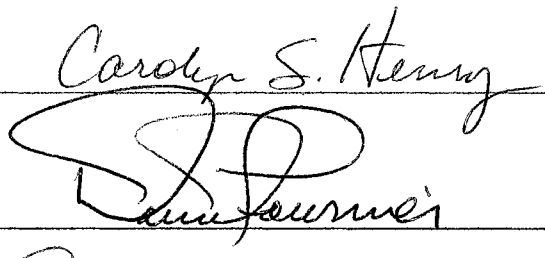

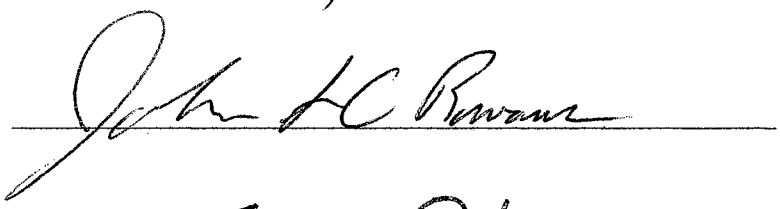

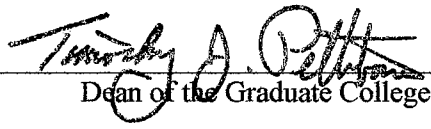

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TABLE OF CONTENTS

Chapter Page

Chapter Page

Chapter Page

LIST OF TABLES

Tables Page

Tables Page

LIST OF FIGURES

Figures Page

CHAPTER I

THE PROBLEM

Introduction

National and state figures from law enforcement and child protective services continue to document that adolescents are responsible for a significant number of sex crimes each year. Recent arrest statistics and victim surveys indicate that about 20% of all sex crimes, and about 30% to 50% of all cases of child sexual abuse can be attributed to adolescent offenders (Bonner, 1998). The National Crime Victimization Survey (NCVS, 1998) reports that per capita the number of rapes and sexual assaults committed by adolescents are found to be highest among 16 to 19 year-olds. Statistics gathered by the NCVS (1998) indicate that 1 in 8 rapists are under the age of eighteen. Examining the sexual assault history of adult sexual offenders can further corroborate the prevalence of adolescent sexual assault. Approximately 50% of adult sex offenders report that their first sexual offense occurred during adolescence (Bonner, 1998). A comparison of recent arrest statistics and victim surveys with previous years indicates that the number of sex crimes committed by males younger than age 18 grows by nearly 10% each year (Bonner, 1998). It is evident that sexual offenses committed by juveniles are a problem in our nation. Although it may be difficult to think of juveniles as sexual abusers, evidence of their abusive behaviors is found in Federal Bureau of Investigation Reports, newspaper articles, television documentaries, national surveys, and in increasing number of studies and articles.

To fully understand the nature of deviant male adolescent sexual behavior, it is necessary to recognize the interdependence among the components of family systems. Despite the fact that research concerning adolescent sex offenders burgeoned in the last decade, it was largely concerned with individual characteristics of offenders and offenses. Consistent with a family

systems viewpoint however, recent considerations concerning variables that contribute to deviant adolescent sexual behavior have transformed the study of the adolescent sexual offender from an individual focus to an emphasis on the family as a system.

The family's role in shaping the beliefs and behavior patterns of its children is recognized as a primary influence in child development (Ryan, 1991). It is within the early primary care environment that the child begins to develop a view of the world and basic assumptions are formed. Monastersky and Smith (1985) note that studies concerning juvenile sex offenders are virtually unanimous in identifying the family or the primary care environment as a crucial influence in the development or elicitation of sexually offending behavior.

Purpose of the Study

One variable that is believed to be fundamentally different in the primary care environment of the male juvenile sexual offender, as opposed to other violent offenders, is the sexual nature of that environment (Barbaree, Marshall, & Husdon, 1993; Becker, 1998; Johnson, 1993; Smith & Israel, 1987). Although adolescents who display deviant sexual behavior may come from a broad range of primary care environments, Johnson (1993) reports that children who exhibit sexually deviant behaviors generally come from inappropriately sexualized homes. While Johnson (1993) does acknowledge that a portion of these adolescents do reside in under sexualized homes, he suggests that a majority of adolescent sexual offenders are nurtured in what he labels sexually overwhelming homes. Displays of overt sexual behavior and pornography are common in these homes and they are characterized by caregiver stimulation of a sexual climate within the home, such as a parental figures having a sexual pathology or a child viewing sexual interactions between parental figures (Becker, 1998).

While many researchers speculate about the sexual nature of the primary care environment of male adolescent sexual offenders, few have attempted to validate such ideas through research efforts. Furthermore, there is no existing instrument that measures the sexual nature of the primary care environment of adolescent sexual offenders. The goal of the current

project is to address this gap in the literature by initiating the inaugural steps for the development of an instrument to assess the sexual nature of the primary care environment of male juvenile sexual offenders. The development of an assessment instrument is a multistep process (Spector, 1992). Prior to the construction of such an instrument one must clearly define the construct of interest. The construct of interest in the current project is the sexual nature of the primary care environment of juvenile sexual offenders. The primary goal of this project is to define this construct.

While both males and females commit sexually deviant acts the choice was made to assess the primary care environment of male adolescent sexual offenders in the current study, due to the fact that over 95% of the incarcerated juvenile sex offender population is male (Araji, 1997). In order to identify the sexual variables present in the household of children, who display deviant sexual behaviors, interviews with service providers of adolescent sex offenders will be utilized in this study. These individuals will be asked to discuss their perception of the sexual nature of the primary care environment of these adolescents. It is hoped that information obtained during these interviews will provide a greater understanding of sexual variables present in the primary care environment of the adolescent sex offenders. This new understanding will aid in defining the construct of interest and will furnish the necessary information for the development of an instrument that adequately assesses the sexual nature of the primary care environment of adolescents who display deviant sexual behaviors.

The development of such an instrument will be beneficial for both professionals working with adolescent sexual offenders and the guardians of such offenders. Those working with adolescent sexual offenders will be able to assess the sexual nature of the home environment by utilizing the developed scale. Information gathered by this instrument may prove beneficial to these service providers in planning their line of treatment. If adolescents indicate that their primary care environment was inappropriately sexualized, efforts could be made to educate these adolescents on proper sexual behavior and bring to their awareness the inappropriateness of the

sexual behavior that took place in their primary care environment. Such information could possibly break the cycle of deviant sexual behavior that typically exists in these types of families (Friedrich & Luecke, 1988).

This knowledge will also allow individuals working with parents of adolescent sexual offenders the information base to elucidate parents on certain sexual behaviors within the primary care environment that may be contributing to the sexual deviance of the adolescent. Parents and/or guardians can be counseled to eliminate these components from the primary care environment. Furthermore, parents who have children that are at risk to commit sexually deviant crimes, for example children with a history of sexual/physical abuse, could take precautionary steps to ensure that the sexual nature of the home environment does not contribute to the possibility of such offenses.

Objectives of the Study

The primary objective of the current project is to take the necessary initial steps for the development of an instrument to assess the sexual nature of the primary care environment of male incarcerated juvenile sex offenders. Prior to the construction of such an instrument it is necessary to clearly define the construct of interest. The construct of interest in the current study is the sexual nature of the primary care environment of juvenile sexual offenders. The current literature concerning juvenile sexual offenders provides very little information on the sexual nature of the primary care environment. In order to initiate steps in the development of an instrument that adequately evaluates the sexual variables present in the home, individuals who provide counseling and/or mental health services for adolescent sexual offenders will be interviewed. During these interviews, these individuals will be asked to discuss how they perceive the sexual nature of the primary care environment of adolescent sexual offenders.

These particular individuals were chosen due to the fact that they frequently interact with juvenile sexual offenders and have therefore gained extensive knowledge concerning these adolescents' backgrounds. Inasmuch as these individuals have required such knowledge their

input will prove beneficial in providing information concerning the sexual nature of the primary care environment of juveniles who display deviant sexual behaviors. Information collected during these interviews can be utilized in the development of an instrument that adequately assesses the sexual nature of the primary care environment of children who display deviant sexual behavior.

Conceptual Definition of Terms

1. Adolescents' Belief in Sexual Myths

   Adolescents who adhere to myths about sex and/or have misinformation concerning sex will be identified as believing in sexual myths. Several myths exist concerning sexual issues. Some examples of these beliefs include: the beliefs (a) that women often indicate an unwillingness to engage in sex when they are actually willing, (b) that if a woman leads a man on, behaving as if she is willing to engage in sex when in fact she is not (by saying no to sexual advances, then a man is justified in forcing her, (c) that women enjoy force in sexual situations, (d) that men should dominate women in sexual situations, and (e) that women do not have the right to refuse sex.

2. Availability of Sexually Explicit Material

   The availability of sexually explicit material will be defined as the availability of pornography in any form (video, magazines, audio materials) in the primary care environment.

3. Deviant Adolescent Sexual Behavior

   Deviant adolescent sexual behavior is defined as any sexual act committed by a youth (age 13 to 18) with a person of any age, against the victim's will, without consent, or in an aggressive, exploitative, or threatening manner (Ryan, 1986).

4. Domestic Violence in the Primary Care Environment

   Domestic violence in the primary care environment will be defined as any physical or sexually violent act that takes place between parental figures.

5. Dual Families

   A family will be considered to be a dual family if two parents resided at the head of the household. This may include two biological parents or a biological parent and a stepparent.

6. Explicit Parental Sexual Behavior

   Explicit parental sexual behavior will be defined as observed sexual activity between parents or parental figures ranging from fondling to intercourse. Such behavior would also include provocative sexual play between parental figures, nudity, and open discussion concerning sex using obscene words.

7. Family Adaptability

   Family adaptability (change) has to do with the extent to which the family system is flexible and able to change in response to situational and developmental stress. It is defined as the ability of a family system to change its power structure, role relationships, and relationship rules in response to situational and developmental stress (Olson, Sprenkle, Russell, 1979). According to Olson and his associates there are four levels of family adaptability, ranging from extremely low adaptability to extremely high adaptability. The levels are as follows: rigid, structured, flexible, and chaotic. The unbalanced levels of adaptability have been labeled rigid and chaotic.

8. Family Cohesion

   Family cohesion estimates the degree to which family members are separated from or connected to their family. Olson and associates (Olson, Sprenkle, Russell, 1979) define cohesion as "the emotional bonding that family members have toward one another. There are four levels of family cohesion: disengaged, separated, connected, and enmeshed. The unbalanced levels of cohesion have been labeled disengaged and enmeshed.

9. History of Abuse

   An adolescent with any history of physical or sexual victimization will be identified as having a history of abuse.

10. Inappropriately Sexualized Homes

    Homes that can be classified as either overly sexualized homes or under sexualized homes would be considered inappropriately sexualized homes.

11. Lack of Accountability

    A lack of accountability encompasses more than a mere lack of accountability for sexual behavior. This behavior describes an overall tendency to deny personal responsibility for actions.

12. Lack of Impulse Control

    Adolescents who demonstrate a lack of impulse control are viewed as being driven by or prone to act out impulsively. They often describe having thoughts about touching someone sexually prior to acting upon their impulses. However, self-restraint does not accompany this thought.

13. Lack of Social Empathy

    This factor occurs in a relationship when a child uses another for personal gain with no thought for the other person's feelings. A lack of empathy toward the victim would allow the adolescent sexual offender to continue to abuse the victim without feeling the distress that would typically prevent such abuse. Empathy appears to involve four processes: recognition of the other person's feelings, the provocation in the observer of those same feelings, the recognition of these states by the observer, and the acceptance of the shared feelings (Marshall, 1993).

14. Overly Sexualized Homes

    Five types of overly sexualized homes have been identified (Johnson, 1993). These five types include: (1) Sexually and Emotionally Needy Homes – Children are used to meet the emotional, physical, and sexual needs of their parents; (2) Homes Where Sex is an Exchange Commodity- Characterized by adults using their children as sex objects as a means to gain material possessions; (3) Sexually Abusive Homes – Children are molested by one or both

parents; (4) Multigenerational Sexually Abusive Homes – Sexual abuse occurs simultaneously in several generations across the nuclear and extended family; (5) Sexually Overwhelming Homes – Displays of overt sexual behavior and pornographic material are common in these homes and they are characterized by caregivers stimulation of a sexual climate within the home.

15. Parent-Adolescent Sexual Communication

    Parent-Adolescent Sexual Communication assesses the degree to which adolescents and his/her parental figure(s) can discuss issues that are sexual in nature. Such issues include intercourse, birth control, and sexually transmitted disease. Three dimensions of sexual communication will be examined in this study: communication comfort, communication information, and value of communication.

16. Parental Belief in Sexual Myths

    Parents who adhere to myths about sex and/or have misinformation concerning sex will be identified as believing in sexual myths. Several myths exist concerning sexual issues. Some examples of these myths include: the beliefs (a) that women often indicate an unwillingness to engage in sex when they are actually willing, (b) that if a woman leads a man on, behaving as if she is willing to engage in sex when in fact she is not, than a man is justified in forcing her, (c) that women enjoy force in sexual situations, (d) that men should dominate women in sexual situations, and (e) that women do not have the right to refuse sexual advances (Lakey, 1992).

17. Poor Social Skills

    Adolescents who are perceived as having problems interacting effectively with peers, who do not have adequate friendship groups or social networks from which they can draw support will be defined as having poor social skills.

18. Primary Care Environment

    The primary care environment will be conceptually defined as the environment in which the adolescent sexual offender was primarily raised and nurtured and in which the adolescent spent the greatest quantity of time. The majority of adolescent sexual offenders have been shown to reside in dual parent households, single parent homes, and foster care families.

19. Service Providers

    For the purpose of this study service providers will be identified as those individuals who provide counseling and mental health services for adolescent sexual offenders. These individuals have been licensed to provide mental health services to individuals and have had at least two years experience working with adolescent sexual offenders.

20. The Sexual Nature of the Primary Care Environment

    The sexual nature of the primary care environment is conceptually defined as sexual behavior, sexual attitudes and/or beliefs, and sexual materials that are present in one's household

21. Under Sexualized Homes

    Three types of under sexualized homes have been identified (Johnson, 1993). These three types include: (1) Sexually Neutral Homes – Sex and sexuality are not denigrated but neither are they discussed; (2) Sexually Repressed Homes – Sex is considered private and sexuality is not displayed; (3) Sex is Dirty – Sex is considered disgusting and is only advocated for the purpose of procreation.

Assumptions

Several assumptions have been made regarding this study. They include:

1. For the purpose of this study, it was assumed that there is in fact something fundamentally different about the sexual nature of the primary care environment of juvenile sex offenders, as compared to adolescents outside this population.

2. It was assumed that the sexual nature of the primary care environment is a phenomenon that can be measured and assessed.
3. It was assumed that the sexual nature of the primary care environment impacts adolescents' attitudes, beliefs, and/or behaviors.
4. It was assumed that service providers would be able to accurately report on the sexual nature of the primary care environment of adolescent sexual offenders.

Limitations

1. The use of a small, purposive sample limits the generalizability of results.
2. Individuals participating in this study will only be asked about their knowledge concerning male adolescent sexual offenders, which further limits the generalizability of the current findings. However, over 95% of identifed juvenile sex offender population is male (Araji, 1997).
3. Individuals participating in this study have only worked with adolescents who have been identified as displaying deviant sexual behaviors. There are possibly adolescents outside of this population who engage in deviant sexual behaviors but they have either not been caught by their parents or other adults engaging in deviant sexual behavior. Therefore, it is likely that the current sample represents the extreme in deviant sexual behavior.
4. The current study is assessing the sexual nature of the primary care environment of adolescent sexual offenders from a second hand perspective. Adolescent and caregiver's perceptions of the sexual nature of the primary care environment will not be assessed in this study. It is possible that adolescents and caregivers perceive the sexual nature of the primary care environment quite differently than service providers. The sample participating in this study is quite narrow. As such it only a piece of the construct, the segment that has been revealed to service providers through their interactions with adolescent sexual offenders, will be assessed. Therefore, we are only able to gain one perspective concerning this environment. In order to fully understand this environment multiple perspectives would need to be

examined. Several additional perspectives would need to be examined in order to gain a clear picture of this environment. The perspectives include the adolescent sexual offender, their parents, victims if they reside in the home of the sexual offender, peers of the adolescent sexual offender, relatives who have frequent contact with the adolescent and the family, and individuals in the field of law enforcement who have worked with these adolescents.

5. Each of the service providers participating in this project will be asked to recall discussions that took place between themselves and their adolescent sexual offender clientele. For some service providers a significant amount of time may have elapsed since the occurrence of these conversations. This time lapsed may contribute to an inability to recall specific facts concerning the sexual nature of the primary care environment of adolescent sexual offenders. However, in order to be illegible to participate in this project service must have worked with adolescent sexual offender within the last two years. It is hope that this inclusion criteria will limit the inability to accurately recall factors surrounding the environment of interest.

CHAPTER II

REVIEW OF THE RELATED LITERATURE

Introduction

Until recently, familial factors of adolescent sexual offenders received little attention in the professional literature. However, the past decade has brought attention to this area. Literature concerning adolescent sexual offenders has predominately been concerned with individual characteristics of the male juvenile sexual offender and his offenses, but little focus was given to the primary care environment of these offenders. Although recent efforts have attempted to examine the primary care environment of adolescent sexual offenders, the sexual nature of that environment for the most part remains uncharted territory. While many researchers speculate about the sexual nature of the primary care environment of adolescent sexual offenders, few have attempted to validate such speculations through research efforts. The goal of the current project is to address this gap in the current literature by examining the sexual nature of the primary care environment of male adolescent sexual offenders and to provide information that can be utilized in the development of an instrument to assess this environment.

One or more of a wide array of behaviors may characterize juvenile sexual offenders and a single juvenile sexual offender may demonstrate more than one type of deviant sexual behavior. In order to understand these adolescents, the population will be described and a review of the history of adolescent sexual offenders will be examined. In addition, in order to fully comprehend the threat these adolescents' pose to society an examination of the prevalence of sexual offenses committed by juveniles will be offered.

One variable that needs careful consideration when addressing this population is what constitutes deviant sexual behavior. In order to clearly distinguish the sexual behavior of

adolescent sexual offenders from normal sexual behavior an extensive overview of children's typical sexual behavior will be given. While the sexual behavior of infants, young children and preadolescence will be described the majority of the information concerning normal sexual behavior will focus on the adolescent. This review will be followed by an analysis of the factors that distinguish normal sexual behavior from sexually deviant behaviors.

Several factors appear to relate to the deviant sexual behavior of adolescent sexual offenders. The majority of these factors indicate that many risk factors, which contribute to an adolescent's deviant sexual behaviors, converge within the juvenile's early life experience. Individual characteristics, parental influences, and family factors have been shown to shape the beliefs and behavior patterns of children. Such factors have been recognized as the primary influences in child development (Ryan, 1991). Becker and Kaplan (1988) assert that many of the studies that attempt to explain deviant adolescent sexual behavior address either characteristics of the individual, the adolescent sex offender's parents, or the family environment. In order to gain an understanding of the factors that presumably contribute to an adolescent's deviant sexual behavior each of these issues will be addressed in the literature review.

To understand fully the nature of deviant adolescent sexual behavior, it is necessary to recognize the interdependence among the components of the family system. Consistent with a family systems viewpoint, the current study will attempt to elucidate the connection and interdependence among the individual characteristics of the adolescent sexual offender, parental influences, and familiar factors.

Defining the Population

The juvenile sex offender is defined as a minor who commits any sexual act with a person of any age (1) against the victim's will, (2) without consent, or (3) in an aggressive, exploitive, or threatening manner (Ryan, 1991). One or more of a wide array of behaviors may characterize juvenile sexual offenders and a single juvenile sexual offender may demonstrate more than one type of deviant sexual behavior. Juvenile sex offenders may engage in molestation,

hands-off offenses, and/or obscene communications. Rape is also listed among the offenses committed by juvenile sexual offenders.

While the legal definition of sexual assault may vary from state to state, the psychological community tends to agree upon general definitions for various acts of sexual assault (Hashim & Finkelhor, 1999). The following definitions are in accordance with these commonly accepted definitions. Molestation of younger children or peers may involve touching, rubbing, undressing, sucking, and/or penetrating behaviors. Hands-off offenses include the exposure of one's genitalia (exhibitionism), observing others without their consent (voyeurism), rubbing against others (frottage), and activities such as stealing underwear or masturbating in another's garments (fetishism). Obscene communication, such as obscene phone calls and verbal or written sexual harassment is also seen as sexually deviant behavior. Juvenile sex offenders have also committed sexual offenses that would be included under the definition of rape. Rape includes any sexual act performed with violence or force. The legal definition of rape often includes penetration. Penetration may be oral, anal, or vaginal and committed either through digital, penile, or objectile penetration.

Definitions of the acts that constitute juvenile sexual offending cannot be addressed in terms of behavior alone. The definition of juvenile sexual offending must consider relationships, dynamics, and the impact of the offense as well. In assessing the sexual abuse of children by adults, the difference in age and the sexual behavior are adequate to define the problem. However, age and behavior identifiers are often inadequate and further evaluation is required when the sexual interaction involves two juveniles. It is clear that an older adolescent sexually violating a small child is sexual abuse but as age differences become less significant and the behaviors less intrusive and less aggressive, evaluation of the dynamics of the interaction and the relationship between the two juveniles becomes mandatory (Ryan, 1991). The factors that are useful when assessing any sexual interaction for the presence or the absence of exploitation are equality, consent, and coercion.

The research literature concerning juvenile sexual offenders indicates that juvenile sexual offenders are a heterogeneous population with diverse characteristics (Veneziano, Veneziano, & LeGrand, 2000). The one factor that remains consistent throughout the literature is the typical gender of the juvenile sexual offender. The majority of currently identified juvenile sex offenders are male. In fact, males constitute 91-93% of the population of juvenile sex offenders. Groth (1982) reported the modal age for the first sexual offense of juvenile as 14 years. Longo (1982) found the modal age of the first sexual assault among adult offenders to be similar reporting the modal age to be 14.3 years. Others studies indicate that children as young as five and six and as old as eighteen have committed sexual offenses (Veneziano et al., 2000). Juveniles of all racial, ethnic, religious, and geographic groups perpetrate sexual offenses (Veneziano et al., 2000). In research studies that report race as a demographic variable, between 33% and 55.2% of the subjects were black, 21-32% were Hispanic and 12-46% were white (Barbaree, Marshall, & Hudson, 1993; Veneziano et al., 2000; Vinogradov, Dishotsky, Dory, & Tinklenberg, 1988). However, among all the adolescent sexual offenses reported by the FBI (1993), 64% of the offenders were white. This figure decreases to 42% for forcible rape (Barbaree et al., 1993).

A typical juvenile sex offender has not had any previous convictions for sexual assault, but it is quite likely that his first conviction does not represent his first offense or first victim. Bischof, Stith and Whitney (1995) using data from the Uniform Data Collection System of the National Adolescent Perpetrator Network in which the majority of the offenders were categorized as first-time offenders, found that the average number or victims per offender was seven. Such findings indicate that many perpetuators are not normally apprehended for their first assault. However, there is a one in three chance that the juvenile sex offender has been convicted of a non-sexual delinquent behavior prior to his arrest for sexual assault.

The scenario for the assault by a juvenile most likely involves a seven or eight year old child, most likely female, who is not related to the offender by blood or marriage. However, over 95% of child victims of sexual abuse know the perpetrator as an acquaintance, friend, or neighbor

(Araji, 1997; Barbaree et al., 1993). The assault is unwanted, involves genital touching, and over 60% of the time involves penetration, and is accompanied by ample coercion or force to overcome the victim's resistance (Ryan, 1988). The range of behaviors these young offenders perpetrate is colossal, as was described earlier in this section. Often "hands-off" offenses such as peeping, flashing, and obscene communications precede "hands-on" offenses. Becker (1998) states that it is also important to note that "non-deviant sexual experiences usually precede the juvenile's offending behavior, which supports the view that the sexually abusive behaviors are not merely the exploration of curious youth" (p. 7). Examples of non-deviant sexual experiences would include self- exploration and consensual sexual experiences.

History of Juvenile Sexual Offenders

Sexual abuse of children was first documented by Tardieu in 1860 (Radbill, 1968). Tardieu, a coroner in France, found and documented children with genital injuries. However, it took more than 100 years before child sexual abuse became widely acknowledged as a social problem in the United States. The recognition that child sexual assault was indeed a social problem in the United States led to increases in reporting and estimates of the prevalence of sexual abuse increased substantially. Mass media helped to raise the public's awareness of child molestation and professionals became increasingly vocal about the extent of child sexual abuse. As the public's and professionals' interest continued to grow concerning this phenomenon more government funds became available and the scientific community increased its level of inquiry and research. During the mid-1970's to the mid-1980's publications concerning child molestation developed at a rapid rate.

In the mid-1980's, therapists working with adults who molested children discovered that many of the offenders had begun their perpetrating behaviors when they were adolescents (Fehrenback, Smith, Monastersky, & Deisher, 1986; Lane, 1991; Longo & Groth, 1983). Records indicate that over half of the adult offenders had begun their sexually abusive behaviors prior to the age of eighteen (Abel, Becker, & Mittelman, 1985). Prior to these findings, many clinicians,

researchers, parents, and society as a whole tended to view sexually aggressive behaviors by adolescents as "reactive" or "acting out" (Araji, 1997). They denied, rationalized, and/or minimized the offender's acts with explanations such as "boys will be boys" or "they were just playing doctor" or "they were just curious." The preliminary report from the National Task Force on Juvenile Sex Offending commented on this problem (National Adolescent Perpetrator Network, 1988):

> Identification and reporting of child offending has been almost nonexistent prior to 1985. In a society, which denies all sexuality in children and attempts to repress sexual behavior in adolescence, it is not surprising that we would minimize and deny sexual offending by children. The histories of adult and adolescent offenders, however, have indicated that sexual offending develops over time and recent work with children has confirmed that sexual offending may begin in early childhood (p. 42).

Once there was acceptance that adolescents could be involved in sexually abusive behaviors research on these offenders and their victims grew rapidly. The literature produced in the last decade provides telling evidence that adolescents as well as preadolescent children's sexual behavior can be as aggressive and assaultive as those of adult offenders.

Prevalence of Sexual Offenses Committed by Juveniles

National and state figures from law enforcement and child protective services continue to document that adolescents are responsible for a significant number of sex crimes each year. Recent arrest statistics and victim surveys indicate that about 20% of all sex crimes and about 30% to 50% of all cases of child sexual abuse can be attributed to adolescent offenders (Bonner, 1998). In addition, approximately 50% of adult sex offenders report that their first sexual offense occurred during adolescence. The Uniform Crime Report (UCR, 1998) of the Federal Bureau of Investigation (FBI) solicits and compiles monthly arrest statistics from law enforcement agencies throughout the United States. Of the 93,103 arrests for forcible rape reported in 1998, 21,653 (23%) were committed by individuals 18 years or younger. Juveniles, 18 years or younger,

committed 10,391 (17%) of the 60,562 sexual assaults reported by the FBI. The 13 to 14 year old cohort was second only to the 20 to 24 year old cohort in the number of total sexual offense arrests. Likewise, 15 to 18 year olds were second only to the 20 to 24 year olds in the number of rape arrests (Uniform Crime Reports, 1998). A comparison of these figures with previous years indicates that the number of sex crimes by males younger than age 18 grows by nearly 10% each year (Bonner, 1998).

Arrest statistics, however do not represent the extent of the problem. For example, Ryan (1991), using data from the Uniform Data Collection System of the National Adolescent Perpetrator Network estimated that less than half of all rapes are ever reported to the police. Moreover, only a small minority of police complaints of sexual offenses ever result in an arrest or conviction (Bischof et al., 1995). Many have argued that adolescent sexual offenses against children result in even fewer reports and/or arrests than do adults against children. Groth and Loredo (1981) pointed out that victims and their families might be hesitant to report these crimes because the offender is so young and is usually known to the family. In these circumstances, they may regard sexual assault as an insignificant act of sexual exploration or experimentation that does not require criminal prosecution.

More accurate statistics are available from surveys of the general population. Such surveys are potentially more accurate due to the fact that they solicit sexual assault statistics from those individuals who are unwilling to report the offense to the legal authorities. However, even here victims may often be reluctant to disclose an offense. The National Crime Victimization Survey (NCVS) (1998) estimates crime victimization on the basis of a survey of persons at least 12 years old who reside in a representative national sampling of households. The NCVS (1998) results indicate that offenders who were estimated to be between 12 and 18-years-old committed 16% of the 260,300 forcible rapes and attempted rapes against children and adolescents during 1997. This age group was responsible for 17% of the 95,000 sexual assaults for that same year. The NCVS also reported that per capita the number of rapes and sexual assaults were found to be

highest among 16 to 19 year-olds. Furthermore, the statistics gathered by the NCVS indicate that 1 in 8 rapists are under the age of eighteen.

Unfortunately, the NCVS statistics also underestimate by a considerable margin the incidence of adolescent sexual offenses because victims under the age of twelve are excluded from participating in this survey. Statistics obtained from other studies denote that a relatively high percentage of sexual offenses against children are attributable to adolescent offenders (Davis & Leitenberg, 1987). For example, Deisher (1982) investigated the reports of children treated at two sexual assault centers and found that in 42% of the cases the offender was an adolescent. Groth and Loredo (1981) corroborated this finding when they found that 56% of the children seen at a hospital after being sexually abused had been assaulted by a juvenile under the age of eighteen. Furthermore, Finkelhor (1979) found that 34% of women and 39% of men attending a college in New England recalled having had a sexual encounter during their childhood with a partner five or more years older than they were and that the older partner was between the ages of 10 and 19.

It is evident that sexual offenses committed by juveniles are a problem in our nation. Although it may be difficult to think of juveniles as sexual abusers, evidence of their abusive behaviors are found in Federal Bureau of Investigation Reports, newspaper articles, television documentaries, national surveys, and an increasing number of studies and articles.

The Primary Care Environment

Research studies aimed at explaining the familial factors that potentially contribute to deviant adolescent sexual behaviors have only recently taken place. While few have formally examined the family environment of these juveniles, practitioners and researchers working with these adolescents have been virtually united in recognizing it's crucial influence in the development of sexually offending behavior (Bischof, 1995; Monastersky & Smith, 1985). The vast majority of literature concerning adolescent sexual offenders has focused on individual characteristics of the male adolescent sexual offender and his offenses (Araji, 1997). While such

information is vital to one's understanding of the adolescent sexual offender, researchers and practitioners alike have expressed the necessity for research which examines the family environment of these adolescents (Araji, 1997; Ryan, 1991).

The family environment of the adolescent sexual offender for the most part remains uncharted territory, however, the small number of studies that have examined the family environment of adolescent sexual offenders have neglected to conceptually define the term family environment. One is left to assume that the authors of such studies have either erroneously assumed that such adolescents were nurtured in intact homes, or they have ignored the possibility that these adolescents were raised in environments other than the nuclear family. A strength of the current study is the recognition that adolescent sexual offenders may be raised and nurtured in circumstances that would not be characterized as an intact home environment.

While information concerning the primary care environment of these adolescent sexual offenders is quite sparse, previous literature, which identifies various demographic variables of these adolescents, has shown this environment to be quite diverse (Becker, Cunningham–Rathner, Kaplan, 1986; Veneziano, Veneziano, & LeGrand, 2000). Becker and associates (1986) found that the 67 adolescent sexual offenders participating in their sample came from a variety of living arrangements. At the time of their evaluation, 35.8% of these adolescents were residing with their mothers only; 32.4% were with both parents; and 1.5% were living with a father only. The remainder of the adolescents lived in either a group home (11.9%), with a legal guardian (4.5%), with their grandmother (4.5%), with a foster parent (1.5%), or with a sibling (1.5%). A small portion of these adolescents were identified as residing in detention centers (1.5%), homes for runaways (3%), and 1.5% lived alone.

Awad and Saunders (1991) also found diversity amongst their sample of one hundred male adolescent sexual offenders concerning their place of residence. Less than half of the adolescent perpetrators (43%) were living with both of their parents at the time of the assessment. Six adolescents (12%) in their sample were residing in foster or group homes, training schools, or

residential treatment facilities. Burton, Nesmith, and Badten (1997) found similar results. Of the 287 adolescent sexual offenders in their sample, 34.8% lived with both biological parents while 28.4% lived with one biological parent. Twenty percent of the adolescents reported living with one biological parent and one stepparent, and 6.8% reported residing in a foster home.

While these studies fail to report national statistics concerning the living arrangements of adolescent sexual offenders, they do provide insight into the probable living arrangements of such adolescents. These studies included a moderate number of adolescent sexual offenders in their sample, therefore it seems fairly reasonable to infer that these available figures adequately estimate the living arrangements of the vast majority of adolescent sexual offenders. In order to confirm such an assumption a national survey would need to be conducted to assess the living arrangements of those adolescents who display deviant sexual behaviors. To date no such survey has been conducted.

Given the variance among the living arrangements of adolescent sexual offenders, it seems important to acknowledge the fact that many adolescent sexual offenders receive care and nurturing from environments other than the nuclear family. Previous literature indicates that adolescent sexual offenders are raised and nurtured in a variety of environments with the majority residing in dual parent households, with one biological parent and one step parent, in single parent homes, or foster care facilities (Awad & Saunders, 1991; Becker, 1986; Burton et al., 1997).

In order to include each of these compositions, when discussing the principal environment in which the adolescent sexual offender was raised and nurtured, the term primary care environment will be utilized throughout this study. The primary care environment will be conceptually defined as the environment in which the adolescent sexual offender was predominantly raised and nurtured, and in which the adolescent spent the greatest quantity of time. An apparent strength of this definition is that it acknowledges the possibility that adolescent sexual offenders were raised and nurtured in intact home environments as well as allowing for the

possibility that these adolescents spent a majority of their adolescence in varied living arrangements.

Sexual Education of the Adolescent Sexual Offender

A principal component of interest in the current project is the sexual education which adolescent sexual offenders received in their primary care environment. The Sexuality Information and Education Council of the United States (SIECUS, 1999), a national nonprofit organization which collects and disseminates information concerning sexual education, reports that individuals receive sexual education from cognitive domains (information), from affective domains (feelings, values, and attitudes), and from behavioral domains (communication and demonstrated behaviors). Therefore, it seems that in order to truly assess the sexual education received by these juveniles, one must assess direct information these adolescents receive within their primary care environment, as well as sexual information that was demonstrated through the perceived values, attitudes, and behaviors of individuals residing in that environment.

Sexual education is a process of acquiring information and forming attitudes, beliefs, and values about identity, relationships, and intimacy (SIECUS, 1999). The primary care environment has been accredited as being highly influential in shaping the sexual beliefs and sexual behavior patterns of adolescents (Ryan, 1991). Service providers participating in this project will be asked to identify variables within their primary care environment of adolescent sexual offenders that provided these adolescents with various types of sexual information. Service providers will be asked to describe direct information received by these individuals, as well as information they felt was displayed through these individual's attitudes, values, and behaviors.

It is also conceivable that the primary care givers of adolescent sexual offenders failed to provide these adolescents with any information concerning sexual issues. If service providers indicate that adolescents received little or no sexual information while in their primary care

environment, they will be asked to describe the circumstances in which adolescents received such information be it through peers, school educational programs, or by any other media.

Previous research has examined the avenues through which adolescents report receiving sexual information. The Henry J. Kaiser Family Foundation (1999) is an independent organization, which focuses on major health care issues facing the nation (Henry J. Kaiser Family Foundation, 1999). This organization offers annual reports on sources that provide adolescents with sexual information. Their findings are based on recent telephone interviews with a representative sample of 1,510 teenagers, age 12 to 18. The Kaiser Family Foundation (1999) reports that adolescents predominantly receive sexual information from their parents. This foundation found that 59 percent of adolescents 10 to 12 years old and 45 percent of adolescents 13 to 18 years old said that they personally learned the most about sexuality from their parents or primary care giver.

These adolescents also indicated that they learn about sexuality from sources outside their primary care environment. These sources included friends, teachers, siblings, television, music, books, and advertisements. Forty percent of adolescents named teachers, school nurses, and/or classmates as a source from which they learned a lot about sexual activities. Twenty-seven percent named friends other than boy or girl friends, 23% listed television, 28% listed books and/or magazines, 13% listed boy/girl friends and 12% listed siblings as sources of sexual information. It is evident from these findings that adolescents get sexual information from many different sources.

Adolescent sexual offenders also acknowledge various resources of sexual information. Becker, Cunningham-Rathner, and Kaplan (1987) asked 67 male adolescent sexual offenders in their sample about their primary source of information concerning sexuality. For 25% the main source had been from sex education in school, 19% from personal experience, 18% from friends, 13% from media sources, 12% from siblings, 6% from parents, 1.5% from observation of others, and 4.5% from other sources. It is important to note that these adolescents were only asked about

direct sexual information they received from these various sources. These adolescents were not asked to indicate if they received sexual information or messages from these individuals indirectly. Previous literature indicates that adolescents not only acquire sexual information from direct conversations, but also acquire this information through individual's values, attitudes, and behaviors (SIECUS, 1999). In order to ensure an inclusive description of the sexual information received by adolescent sexual offenders from their primary care environment, the current study will examine both direct and indirect sexual information received by these adolescents.

Becker et al. (1987) reported that adolescent sexual offenders report only receiving 6% of their sexual information from their parental figures. However, adolescents were only questioned about those times in which they had direct sexual conversations with parental figures. It is possible that this percentage would be considerably higher if adolescents were also asked to report on indirect sexual information or messages they received from these individuals. Several studies note that adolescent sexual offenders are often exposed to sexual activity between parents and/or one parent and another party. Smith and Israel (1987), reporting on 25 families experiencing sexually problematic behavior with an adolescent residing in the home, found that 48% of these adolescents had witnessed sexual activity between their parents and/or one parent and another individual. This sexual activity ranged from fondling to intercourse.

It has also been found that mothers of adolescent sexual offenders often enlist their sons as confidants of their sexual escapades (Smith & Israel, 1987). In addition, adolescent sexual offenders report extensive exposure to pornography and/or sexually explicit materials within their home environment (Araji, 1997). Each of these sources provided the adolescent with information concerning sexual issues.

In order to gain a clear picture of the familial environment in which adolescent sexual offenders received information concerning sexual issues, service providers participating in this study will be asked to identify all types of sexual education which adolescent sexual offenders have identified as taking place in their household. Such education may take place through direct

conversation, but may also be attained through individual's values, attitudes, and behaviors. It is felt that by having service providers report on both direct and indirect forms of sexual education, a clearer picture of the sexual nature of the primary environment will be obtained.

Traditional Theories Regarding the Etiology of Sexual Offending

Sexual aggression is a multidimensional problem without a clearly defined cause (Ryan, 1991). However, many hypotheses have been investigated in regard to the etiology of sexual offending. The various theories that have received substantial attention in this century will be presented briefly in this section. The purpose of this review is to provide a basis for understanding the historical thinking on juvenile sex offending.

Psychosis Theory. It seems that the most readily acceptable explanation for sexual deviant behavior is psychosis. In terms of logic and humane sensibilities, the only satisfactory justification for sexually aggressive behavior is that of psychosis. The notion that sexual perpetrators "must be crazy" or "sick in the head" is the oldest and most widely accepted theory in the general public, and yet in the vast majority of cases, there is little basis for a diagnosis of mental illness (Ryan, 1991).

In reality, truly psychotic sex offenders account for less than eight percent of the total population of perpetrators (Knopp, 1984). Furthermore, it is not apparent in the scientific literature that psychotic features unequivocally support or promote sexually deviant behaviors. Therefore, sexual offenses in this small proportion of cases may be symptomatic of the underlying illness, rather than descriptive of the illness itself (Knopp, 1984).

Physiological Theory. Physiological explanations have been explored to explain the occurrence of sexual aggression and deviancy. Neurological and hormonal factors seem to be the most likely areas for physiological research as either would involve measurable conditions (Ryan, 1991). The allure of a biological explanation is not entirely scientific, however, as any physiological cause would give credence to the view that sexually aggressive individuals are born rather than raised. The notion that sexual offenders make the conscious choice to behave as they

do is so incongruent with our social sensibilities that an explanation that characterizes the problem as beyond the control of the offender is in some way more permissible.

Physiological investigation is not without value. Neurological research continues to offer new insight to human conditions and behavior, and hormonal factors are known to exert powerful influences on many aspects of psychological, emotional, and physiological functioning in ways that often affect feelings and behavior. To date, no specific neurological explanations have been found for sexually aggressive behaviors (Van der Kolk, 1986). However, in some cases elevated rates of sexual arousal are thought to be associated with compulsive sexual behaviors. For such an offender reduction of that physical condition may reduce the perceived need to engage in sexual behaviors and consequently may reduce the rate of offending. Antitestosterone drugs such as depo-provera have been utilized in the treatment of the adult sex offenders to reduce "sexual drive" or arousal (Berlin & Meinecke, 1981). It is important to note, however, that many sexual offenses are often motivated by nonsexual needs, and there is no empirical research to prove that reducing arousal necessarily reduces the offending behavior.

Developmental and Psychoanalytic Theories. Many theories of child development have been advanced in this century and provide a basis for exploration of both normal and deviant development. Three of the more global and influential of these theories are Piaget's theory of cognitive development, Erikson's theory of psychosocial development, and Freud's theory of personality development (Ryan, 1991). Each of these theorists view development from birth to maturity in the context of stages, and in each case, the stages are dependent upon what has gone before.

Several areas of Piaget's work have important implications in the occurrence of sexual exploration. Piaget asserts that in infancy egocentrism occurs and directs all the infant's concern and behavior toward personal interest and needs. He also states that decentration, which should occur around age two, enlarges one's view to recognize other individuals' feelings, ideas, and needs (Ryan, 1991). These stages are particularly relevant to the capacity for empathy within

relationships, which is usually an identifiable deficit in the sex offender. In addition, accommodation and assimilation, lay the foundation for incorporating or interpreting future experience based on past experience. This aspect of Piaget's work would support the hypothesis that exposure to deviancy in the history of the juvenile sex offender affects how the juvenile accommodates and/or assimilates future experiences.

Erikson's theory of psychosocial development describes a variety of crises through which the individual must pass in order to procure a mature identity (Ryan, 1991). The notion that an individual must successfully pass each stage leads to speculation that control issues in the juvenile sex offender may relate to failures in earlier stages. Furthermore, sexual identity is defined in Erikson's third stage with implications of sex role modeling by the parents. It may be assumed that parental dysfunction may increase the risk of dysfunctional modeling of sexual behaviors.

Freud's theory of personal development is saturated with themes of sexual conflict (Ryan, 1991). Freud's theory of personality development was grounded in the belief that people have two primal instincts: sexual and aggression. These instinctual expectations for gratification and the external demands for socially acceptable behavior are often in conflict. Freudian theory indicates that three elements of the personality, the id, ego, and superego, are in unconscious internal conflict. The id, operating on the pleasure principle and seeking immediate gratification of sexual and aggressive impulses, struggles against the ego that attempts to direct impulses into socially acceptable channels and the superego, which makes the moral and ethical judgments that produce shame and guilt. Freud's theory, which is so embedded in sexuality and aggression appear to be very applicable to the manifestation of sexual aggression. According to this theory the origins of sexual aggression lie in the unresolved conflict between the three elements of the personality. It seems that this theory would suggest that the id of the adolescent sexual offender has successfully overcome or suppressed the sanctions imposed by the ego and the superego.

Addiction Model. The addiction model can be traced to learning theories and has also been used by Cunningham and MacFarlane (1991, 1996) to explain sexually deviant behavior. The addiction model emphasizes the idea that sexual orgasm is a powerful reinforcer of sexual acts, and therefore the behavior that brings this about may become addictive. Indicators of sexual addiction include (a) preoccupation with sex or sexual thoughts, (b) ritualization, (c) sexual compulsivity, (d) secretivism, (e) sexual behaviors as pain relieving, (f) sexual activity devoid of a caring relationship, (g) despair and shame, (h) progressive addiction, and (i) massive denial. Cunningham and MacFarlane (1991, 1996) view the model as a way of identifying and treating the early stages of repetitive sexually deviant behaviors before they become compulsive and addictive.

Systems Theory: A Different Approach

Theories were reviewed in the previous section in an attempt to explain adolescent's sexually deviant behaviors. These theories focus on individual aspects of the juvenile sexual offender. Araji (1997) asserts that a more comprehensive approach to explaining adolescent deviant sexual behaviors is essential. The theory that seems to best address this need is systems theory. Araji declares that "although no researchers or practitioners explicitly cited this as a theory that guided their understanding of sexually aggressive behavior . . . it is implicit in their thinking and writings" (p.155). For example, in discussing his treatment of a sexually aggressive boy, Friedrich (1991) spoke about the boy as a maturing organism within a larger family system. In Friedrich and Luecke's (1988) adaptation model, sexual abuse is discussed as a systemic problem. In fact a vast majority of the theorist working with adolescent who display deviant sexual behaviors conjoin the internal world of the child with the child's external world, generally the family (Araji, 1997).

A system is generally defined as a collection of interrelated parts and the existing relationships among the parts (Montgomery & Fewer, 1988). A fundamental assumption of systems theory is that of holism. That is, all systems are alike in that their parts are interconnected

and form a whole. According to Whitchurch and Constantine (1993) "a system must be understood as a whole and cannot be comprehended by examining its individual parts in isolation from each other" (p. 328). Explanations of individuals' behavior are considered in the context of the whole system because all of the parts are regarded as interdependent and related to one another. When applied to the family, it is postulated that all family members are connected together in such a way that individual explanations for behavior is less than complete.

A family system consists of a set of people and their relationship with one another. What distinguished systems thinking from the view of families taken in individual psychology is the emphasis on interaction processes, or the dynamics among the people in the system (Guilford, 1994). However, systems theory does recognize that systems are nested within systems (Jurich & Myers-Bowman, 1998). For example, individual family members are recognized as components (subsystems) comprising a family system. Each individual brings something with them that contributes to the overall composite of the family system. The encompassing system emerges from the mutual interactions among the components. The idea that members of the system contribute together in creating what happens within the system is often represented by the construct of circular causality. Circular causality, also known as mutual causality, is the idea that each part of a system is interdependent on every other part (Montgomery et al., 1988). The intrasystemic entanglement is so complete that " any delineation of before or after, or cause and effect is purely arbitrary" (Montgomery et al., 1988, p. 177). Blaming one person as the source of the problem is not congruent with what is occurring in the system. Because the components of a system are interrelated, the behavior of each component affects and is affected by all other components. Therefore, there will be emergent factors that are unique to the family relationship, which cannot be explained by solely examining the parts. Emergence refers to the notion that when you put the parts together, you get something more than just adding up their individual properties (Montgomery & Fewer, 1988).

If one utilizes a family systems perspective, the behavior of family members can be viewed as being intertwined. Consequently, individual behavior, such as deviant adolescent sexual behavior, is best understood in the family context (Anderson & Henry, 1994). This perspective would hold that family systems may develop qualities that nourish or support deviant sexual behavior. This line of thought would hold that there is an association between characteristics found within the family system and adolescent deviant sexual behavior. Such family systems characteristics serve as important variables in understanding the commencement, continuance, termination and prevention of adolescent deviant sexual behavior (Ryan, 1995).

To understand fully the nature of both normal and deviant adolescent sexual behavior, it is necessary to recognize the interdependence among the components of the family system. Consistent with a family systems viewpoint, recent research has transformed the study of the adolescent sexual behavior from an individual focus to an emphasis on the family as a system. The primary care environment has been recognized as an early, prevalent and highly influential context for adolescent sexual development (Parke & Buriel, 1998). The family has also been recognized for its prominence as a socialization agent. It has been increasingly recognized that families are best viewed as a social system. Consequently, to understand the behavior of one family member, the behaviors of other members also need to be recognized and assessed.

Normal Sexual Behavior

Defining the boundaries of normal childhood sexual behavior is an arduous task since so much of what is considered "normal" is determined by the social, cultural, and family context of the times (Heiman, Leiblum, Esquilin, & Pallitto, 1998). Gathering norms on typical sexual patterns and behaviors at different developmental stages is a methodological challenge. The bulk of evolutionary, developmental, and cross-cultural evidence demonstrates that children are sexual beings, whose exploration of sexual knowledge and play, is an integral part of their development as fully functioning human beings. However, with the heightened awareness of sexual abuse in the last two decades and increasing awareness of the capacity of young children to behave in

sexually aggressive ways, there has been a greater need to delineate the boundaries of normal childhood sexual behavior.

There have been three major lines of research rendered to study children's sexual behaviors and the following finding concerning children's normal sexual development were gathered from these dominant research references. One approach has been to survey parents (Friedrich, 1990, 1993, 1995; Friedrich, Gambach, Damon, Hewitt, Koverola, Lang, Wolfe, & Broughton, 1992) and/or caregivers (Lindblad, Gustafsson, Larson, & Lundin, 1995; Phipps-Yonas, Yonas, Turner, & Kauper, 1993) about their observations of children's sexual activities. A second approach has been to gather retrospective reports from adults of their memories of early sexual experiences (Haugaard, 1996; Kinsey, Pomeroy, & Martin, 1948; Kinsey, Pomeroy, Martin, & Gebhard, 1953) and the last has been to study children who are brought in for treatment due to concerns about their sexual behaviors (Gil & Johnson, 1993: Johnson, 1993). The literature concerning children's normal sexual behavior, albeit incomplete, reveals several consistent findings regarding the level of sexual activity, the type of sexual activity, and the dynamic quality of children's sexual behaviors (Heiman et al., 1998).

The literature indicates that children have capacities for sexual experiences and interactions and do express sexual behavior in a variety of ways (Heiman et al., 1998). In the first year of the child's life enhanced curiosity in bodily exploration is exhibited, as well as autoeroticism and the development of orgasmic abilities. In early childhood there is increasing social interaction, especially with peers, that encompasses experimentation with sexual behaviors and intimacy. Gender roles and continued interactional sexual experimentation continue to develop through the preadolescent years, and during adolescence youth appear to learn sexual and intimate behaviors that permit them to function as adults in sexual encounters. Each child's development will be influenced by the cultural norms and expectations, familial interactions and values, and the interpersonal experiences encountered (Heiman et al., 1998). There are, however, identifiable capacities and behaviors that appear universal to the child's sexual development.

Bodily Exploration and Autoeroticism in the First Year of Life. During the first year of life there is advancement in an infant's detection of its body and manual exploration of parts of the body, including the genitals. Most boys begin genital play at six or seven months, while most girls begin at ten or eleven months (Gordon & Schroeder, 1995). This type of genital play involves simple pleasurable handling and random exploration. There is an important distinction between genital play and masturbation in infancy. Infants in the first year of life generally are not capable of the direct volitional behavior required for the behavior patterns that we call the masturbatory act. Rhythmic manipulation with the hand does not appear to occur until children are approximately two-and-a-half to three years old. This is most likely due to the fact that small-muscle control is not sufficiently developed until this time (Gordon et al., 1995).

Children from birth to four years of age have limited peer contact and thus exhibit sexual behaviors that focus on themselves (Araji, 1997). Children in this age group tend to reveal no inhibitions about their sexual behaviors, and behaviors tend to be intermittent and random. It is important to keep in mind that infants lack the cognitive capacity and experience that adults bring to sexual encounters (Gordon et al., 1995). Therefore this early autoerotic behavior is more appropriately thought of as "pleasure seeking" than sexual.

Sexual Behavior of Young Children. The young child continues to develop purposeful autoerotic behaviors. Children three to six years of age are reported by parents to engage in a wide variety of overt sexual behaviors. Gordon et al. (1995) reports a diversity of sexualized behaviors seen in younger children. They include the following: erections in male infants, orgasmic-like responses by young boys, thigh rubbing by female preschoolers, exhibitionism and voyeurism by male and female nursery school children, sexual exploration games in boys and girls by the age of four years, and asking about sex by both genders by the age of five years. However, masturbation is the most common sexual behavior seen in young children. During the first two years of life, masturbation appears largely related to general curiosity about one's body.

Gradually, however, children discover that genital stimulation results in particularly pleasurable sensation and masturbation begins to take on a decidedly erotic aspect.

The point at which children first become aware of sexual behavior as an interpersonal phenomenon is unclear. However, the age of onset of children's sexual encounters with others has been estimated to be around five to seven years. Children's sexual behavior at this age is influenced by increased peer contact. Preschool children are very curious about their own and others' bodies, and given the opportunity they have been shown to engage in sexual exploration with other children (Gil & Johnson, 1993). Sexual play among preschool children appears to be a very common phenomenon. Lamb and Coakley (1993) reported that 85% of their sample of college women recalled engaging in sexual games during early childhood. Rutter (1971) also reported findings of sex play or genital handling by male and female preschoolers. Spiro (1958) found that sexual behavior between children of this age include simple embrace as its most common expression, followed in frequency by stroking and caressing, kissing, and touching of the genitals.

Lamb and Coakley (1993) provide information concerning the nature of these childhood sexual encounters. They found that 86% of preschool children's sexual contact was with a friend and they were divided between same sex (56%) and opposite sex (44%) experiences. Playing "doctor" and exposing one's genitals were reported to be common activities. Over one third of the games involved genital fondling, and a few included oral-genital contact, insertion of objects in genitals, or attempts at sexual intercourse. Young children appeared to prefer sex play with peers rather than with persons of older ages. Lamb and Coakley (1993) postulate that sex play is a way of relating to one's peers and is seen as positive by participants, providing coercion is not used. It is also generally held by child development experts that peer sex play is normal and is generally a harmless growing-up experience (Rekers, 1995).

Sexual Behavior during Preadolescence. Preadolescence, considered to be the ages from eight through twelve, has been considered by psychologist to a period of latency during which sexual activity and interest are dormant (Crain, 2000). Recent research indicates that this concept has been over-accentuated (Gordon et al., 1995). The beginning awareness of the self as a sexual being and of the opposite sex as potential sexual partner is a reality for many preadolescents.

Many children experience sexual awakening in preadolescence as their sexual development occurs. Biological puberty, announced by the beginning of menarche in girls and by the capacity for ejaculation in boys, begins between the ages of eight and fifteen. During this time preadolescents experience several biological sexual changes such as the appearance of pubic hair, development of breasts, wet dreams, and so on (Rekers, 1995). This time can be very challenging for many preadolescents for they often feel unsure as how to react to such a phenomena. During this time children also go through stages of heterosexual involvement in relationships. The child begins to form attachments or "crushes" on persons outside the family. The emotions felt by a preadolescent can be expressed in many ways depending on the youngster's age, his or her sexual and social maturity, and the permissiveness of the adults who supervise their behavior (Crain, 2000). Their feelings may be expressed through rough housing, writing notes, inviting the other to a party, or simply making eye contact. If the object of the youngster's affections returns their feelings the two may enter into the first of what often becomes, through adolescence, a series of close relationships with peers of the opposite sex. These relationships provide the preadolescent with the opportunity to take part in a set of educational experiences such as learning how to kiss, how to talk to a person of the opposite sex, as well as how to caress.

Children in this age group also engage in sexual activity. Masturbation is much more common in preadolescent boys than is heterosexual experiences. The Kinsey Institute's (1998) research indicates that masturbation occurs at some time in the sexual histories of nearly all males. Over 75% of males reported their first masturbation experience to have occurred between the ages of ten and sixteen. In the Kinsey Institute sample (n = 5,300) 14 percent of eight year-

olds reported having masturbated, as did 23 percent of nine-year-olds, 29 percent of those ten-years-old, 54 percent of those eleven-years-old, and 73 percent of those twelve years old. First experiments with copulation are also not unusual between the ages of ten and fourteen. According to Kinsey et al. (1998), by twelve approximately one boy in every four has at least tried to copulate with a female and more than ten percent of preadolescent boys experience their first ejaculation in connection with heterosexual intercourse. At each age preadolescent boys report more sexual activity of every kind than do girls (The Kinsey Institute, 1998).

Children normally increase rather than decrease their sexual activities during preadolescence. Sexual encounters first include genital autostimulation and mutual masturbation with the same and the opposite sex. However, with increasing age their sexual encounters are characterized by escalating attempts at heterosexual intercourse. If children are raised in a sexually permissive society their expressions of sexuality consist predominantly of the accepted adult form of heterosexual intercourse by the time they reach puberty.

Sexual Behavior during Adolescence

During the second decade of life, there is a dramatic increase in human sexual interest, arousal, and behavior (Gullotta, Adams, & Montemayor, 1993). Historically, there have been two separate and contrasting explanations for understanding the increase in human sexual interest that occurs during adolescence. One paradigm, represented by the work of Sigmund Freud, explains sexual behavior as being largely attributable to the emergence of biological urges that begin to develop during adolescence. According to this viewpoint the stimulus for adolescent sexuality is purely biological. This view holds that adolescents are propelled into their sexuality by uncontrollable inner drives. In contrast, a second paradigm explains adolescent sexual behavior as the result of socially shaped and learned patterns that are highly variable across cultural time and space. According to this view, cultural elements constrain " the age, gender, legal, and kin relationships between sexual actors, as well as setting the limits on the sites of behavior and the connection between sexual organs" (Gagnon & Simon, 1993, p.4).

Recent views on adolescent sexuality combine elements of both biological and social explanations in understanding the timing and variation of adolescent sexual behavior (Smith, 1989). This approach reasons that hormonal changes early in adolescence have both a direct biological effect on sexual interest and motivation and an indirect effect on sexual involvement by altering the adolescent's physical appearance and attractiveness (Gullotta et al., 1993). In addition, social processes are accredited as facilitating or regulating sexual involvement, altering the forms of sexual expression, and defining appropriate sexual patterns.

Biological Mechanisms. There is little difference in estrogen and androgen hormone levels of prepubertal boys and girls. However, during puberty gradually increasing levels of luteinizing hormone (LH) and follicle-stimulating hormone (FSH) result in the maturation of gonads (Smith, 1989). Pubertal males experience an increase in androgens, whereas adolescent females experience an increase in both androgens and estrogens. Elevated hormone levels and gonadal development are accompanied by the development of secondary sexual characteristics (Smith, 1989). These secondary sexual characteristics include the deepening of the voice and development of facial hairs in young men and breast and hip development in females.

Researchers have investigated links between adolescent testosterone levels, sexual arousal, and sexual behavior. Udry, Billy, Morris, Groff, and Raj (1985) found that testosterone levels in adolescent males were related to measures of sexual motivation (thinking about sex, sexual arousal), and to sexual behaviors (including masturbation, wet dreams, and frequency of intercourse). They also found that among adolescent girls' testosterone levels affected sexual motivation and masturbation but not intercourse experience (Udry, Talbert, & Morris, 1986). Although biological factors clearly trigger sexual development and appear to influence sexual arousal in both male and female adolescents, behavioral effects of biological variables appear to differ by gender. Therefore, in order to understand the variance between males and female adolescent's sexual arousal and behavior it is necessary to examine both biological and social factors.

Social Mechanisms. In addition to biological factors, social processes and cultural contexts also affect the timing and form of adolescent sexual expression. While physical changes and sexual motivation are impelled forward by biological mechanisms, sexual behaviors also appear to be influenced by parental and peer interactions (DeLamater, 1991).

Adolescent sexual behaviors appear to be related to a number of parental factors, including communication, parental sexual values, monitoring and control, and warmth and support (DeLamater, 1991). Each of these variables will be discussed in greater detail in a subsequent section. However, in order to facilitate an understanding of how each of these variables related to adolescent sexual behavior, a brief description concerning their association will be given. Findings on parent-adolescent communication are inconclusive as to whether parent-adolescent communication has a positive relation to adolescent sexual behavior. A number of studies indicate that parent-adolescent communication has a profound effect on adolescent sexual behavior. These studies indicate that children whose main source of sex education is their parents tend to be less sexually active before marriage and they tend to have fewer sexual partners (Fox, 1981; Furstenberg, 1971; Shah & Zelnik, 1981). However, others researchers have failed to find support for the assertion that parent-child communication is related to lower rates of premarital sexual activity (Moore, Peterson, & Furstenberg, 1986).

Parental sexual values, parental control, and warmth and support all appear to be positively correlated with adolescent sexual behavior. Parental sexual values seem to be related to adolescent values, and subsequently adolescent sexual behavior (Meschke, Bartholomae, & Zentall, 2000). Moderate amounts of parental control also appear to promote healthy adolescent sexuality (Capaldi, Crosby, & Stoolmiller, 1996; Danziger, 1995). However, warm, supportive parent-adolescent relationships seem to be essential if parents hope to influence their adolescents' sexual behavior. Warmth and support appear to mediate the association of communication, values, and monitoring with adolescent sexual behavior (Resnick, 1997; Rodgers, 1999). It

appears that the amount of influence parents have on their adolescents' sexual behaviors depends greatly on the quality of their relationship.

In addition to parent-adolescent relationships, characteristics of the primary care environment are also associated with adolescent sexual behavior. Socioeconomic status has been affiliated with adolescent sexual behaviors, primarily through levels of income and educational attainment. Lower levels of income have been related to earlier onset of sexual behaviors (Lauritsen, 1994). Similarly, lower levels of parental education have been associated with higher levels of adolescent sexual activity (Roosa, Tein, Reinholtz, & Angelini, 1997). It is possible that parents who have lower levels of education feel ill equipped to discuss sexual issues with their adolescents. The opportunity to discuss sexual issues with parents has been shown to have an important influence on adolescent sexual behavior (Rice, 1996). Adolescents, who are unable to discuss such issues with their parents often compensate by seeking outside information among their peers. Given the fact, that peers are often more liberal in their views of premarital sexual intercourse sexual permissiveness is often higher among adolescents who turn to their peers instead of parents for their sexual information (Rice, 1996).

Parental marital status has also been related to adolescent sexual activity. Adolescents, especially females, living with one parent are more likely to engage in early sexual behaviors than adolescents with two parents in the home (Ku, Sonenstein, & Pleck, 1993; Meschke et al., 2000; Moore, Morrison, & Glei, 1995). Several reasons have been proposed to explain the higher rates of adolescent sexual activity in single-parent homes. Thornton and Camburn (1987) found that both parents and adolescents who have experienced parental divorce have more permissive attitudes about nonmarital sexual intercourse. Dornbusch (1985) suggested that lower levels of parental supervision in single-parent homes may be a contributing factor. The sexual behavior of single parents who have resumed dating may also have a role-model effect on their adolescents (Whitbeck, Simons, & Kao, 1994).

Peer Influence. Peer influence also appears to play an important role in adolescent sexual behavior. This type of influence on adolescent sexual behavior is reflected in a variety of ways. Billy and Udry (1985) found that the sexual behavior of Caucasian adolescent females was influenced by the behavior of their best male and female friends. Among Caucasian adolescent boys, however, friends appear to be chosen on the basis of sexual activity, rather than such activity being influenced by friends' behavior. African-American choice of friends and sexual experience was determined to be less influenced by their peers. Rodgers and Rowe (1990) found that both best friends' and siblings' sexual behaviors were predictors of sexual activity among adolescents. Peer influence on adolescent sexual behavior also occurs in other ways. In a national poll, adolescents identified social pressures as the main reason why teenagers do not wait to have sexual intercourse until they are older (Harris & Associates, 1986). Peer pressure can take several forms such as challenges, dares, and social acceptability. Peer pressure in the form of challenges and dares have been found to significantly influence sexual involvement (Lewis & Lewis, 1984). Early and steady dating are also related to the timing of first sexual intercourse, frequency of intercourse, and number of sexual partners (Thornton, 1990). Adolescents who participate in steady dating behaviors have been found to engage in sexual intercourse earlier and more frequently than those adolescents who do not engage in such dating behavior (Thornton, 1990).

Normative Adolescent Heterosexual Behavior

It is difficult to define "normal" adolescent sexual behavior. Diverse messages are dispensed in the U.S. concerning appropriate adolescent sexual behavior. The variant messages that U.S. adolescents receive from parents, peers, and the media can be summarized as: (a) remain abstinent until marriage; (b) remain abstinent until emotionally and developmentally ready to become sexually active; (c) remain abstinent but, if not able to, have accurate information about birth control and protection; and (d) have accurate and factual information on how to use birth control and protection effectively because abstinence is not a realistic expectation (Blinn-Pike, 1999). While many adults feel strongly about promoting one of the

above positions with youth, there is not consensus on which opinion truly denotes normal adolescent sexual behavior. However, there is substantial research documenting a normative developmental pattern in the sequence of adolescent sexual behavior (Gullotta, Adams, & Montemayor, 1993). While not every individual engages in sexual activity in their youth, adolescents who do engage in such activity tend to follow a set pattern in their sexual activities.

Normal Developmental Patterns. Most adolescents' first experience with sex falls into the category of autoerotic. Autoerotic sexual behavior is defined as sexual behavior that is experienced alone (Katchadourian, 1990). The most common autoerotic activities noted by adolescents are having erotic fantasies and masturbation (Koch, 1993). In addition many males experience nocturnal orgasms during adolescence (Katchadourian, 1990).

By the time most adolescents have reached high school, they have "crossed the line from autoerotic to sociosexual behavior" (Katchadourian, 1990, p. 335). Sociosexual behaviors are those sexual behaviors that involving another individual. The developmental progression of sociosexual behaviors, in which males and females engage, is remarkably similar for both genders. Necking and petting above the waist occur earlier than genital touching through clothing, which occur before direct genital contact, which occurs earlier than intercourse or oral sex (Kinsey Institute, 1998). In general, studies show that an increased commitment to their relationship is accompanied by an increase in sexual activity for both male and female adolescents (Katchadourian, 1990). Females appear to approach males' level of sexual involvement with increasing age and increased commitment to the relationship.

Estimates and Trends in Adolescent Sexual Behavior. Currently, three national surveys are available to monitor trends in adolescent sexual behavior. They are: the National Survey of Family Growth (NSFG), the National Survey of Adolescent Males (NSAM) and the Youth Risk Behavior Survey (YRBS) (Santelli, Lindberg, Abma, Sucoff, & Resnick, 2000). Each of these surveys employ stratified cluster sampling with statistical weighing to obtain national estimates (Santelli et al., 2000). All of these surveys were conducted at least twice between 1988 and 1997

and all included data collected in 1995. A fourth nationally representative survey, the National Longitudinal Study of Adolescent Health (Add Health), was also conducted in 1995. Although these surveys are the primary sources of information to monitor and understand trends in adolescent sexual behavior, little attention has been given to comparing the estimates of behaviors across surveys. Santelli et al. (2000) set out to identify similar trends across these surveys. Santelli et al. (2000) performed a secondary analysis of these previous findings in order to assess the reliability of the data collected by these measures.

Since the four surveys were designed to achieve different objectives and had different sampling criteria, steps were taken to create an analytic subsample based on common criteria. The researchers chose respondents from each of these surveys who ranged in age between 15 and 17 and who were enrolled in high school at the time of the interview were included in Santelli et al. (2000) subsample. The final subsample chosen for this analysis were similar in age, race and ethnicity, and marital status. Santelli and his associates (2000) tested for trends over time and they also examined trends separately by gender and by race and ethnicity.

Overall, trends in the proportions of adolescents who reported ever having had sexual intercourse were more distinct among males than females. The proportion of males reporting intercourse declined nine percentage points in the YRBS from 1991 to 1997 and eight percentage points from the 1985 NSAM to the 1988 NSAM. Significant declines were found among Caucasian, African-American and Hispanic males in the YRBS (eight percentage points) and among white males in the NSAM (twelve percentage points). The NSAM had a similar but nonsignificant downward trend among Hispanic males (six percentage points). Both the YRBS and the NSAM saw declines in the proportions of males ever having had sexual intercourse in their full sample of males.

Among females, the only notable change in the proportions ever having had sexual intercourse was an eight percentage points decline among African-American females in the YRBS. A similar but nonsignificant trend of 4 percentage points was found among African-

American females in the NSFG. Other racial or ethnic groups did not show significant changes over time. Nonsignificant declines in the proportions ever having had sexual intercourse have been seen in the full samples of females in both the YRBS and the NSFG.

There was a considerable difference in the prevalence estimates found across surveys in 1995, with larger differences for females. The YRBS had the highest estimate for the proportion of adolescents who had ever had sexual intercourse. Their estimates denote that 52% of female adolescents and 53% of male adolescents indicated past sexual experiences. The NSFG (1997) and the NSAM (1997) had the lowest estimates (37% females and 41% males) and Add Health results were intermediate (both 45%). Within each survey, Caucasian males and females consistently had lower estimated rates than their African-American counterparts. Among males, Hispanic adolescents fell between Caucasian and African-American teenagers on each survey. Among females, rankings were more variable, with Hispanic Adolescents ranking the highest in the NSFG and African-American teenagers ranking highest in the YRBS and Add Health. Caucasian females ranked the lowest on ever having had sexual intercourse on each of these measures.

No significant differences by gender were found when all females' sexual activity were compared to all male's sexual activity on the NSFG and the NSAM (37% vs. 41%, p=.08), in the YRBS (52% vs. 53%) and in Add Health (45% vs. 45%). Differences between African-American females and African-American males were always significant. Only in the Add Health were there significant differences between Hispanic females and Hispanic males (34% vs. 50%, $p<.001$) No gender differences were found for Caucasian adolescents in any comparison (Santelli et al., 2000).

Across surveys, the data in general demonstrated similar trends over time in key sexual behaviors among adolescents. It appears that approximately half of the adolescents who were included in Santelli et al. (2000) subsample had engaged in sexual activity. Data utilized from each of the surveys consistently showed that no significant difference was found between all

females' sexual activity when compared to all males' sexual activity. Each survey also identified Caucasian males and females as consistently having lower estimates of sexual activity than their African-American and Hispanic counterparts. Given the fact that each of these surveys demonstrated consistent findings, and in an attempt to gain more insight into the sexual behavior of male adolescents information provided by National Survey of Adolescent Males (for 1988 and 1995) will be examined in greater detail. The NSAM was chosen for further investigation due to the fact that the sample represented by this survey is the most compatible to the current study's population of interest. The NSAM is a national school based survey of non-institutionalized adolescent males. This survey examines trends and differences among U.S. male adolescents aged 15 to 19-years-old. The 1988 survey had a sample size of 1,880 with a response rate of 74% and the 1995 survey had a sample size of 1,729 with a response rate of 75%. African-Americans and Hispanics were over-represented in each survey. These surveys collected data on a variety of attitudinal measures, detailed information on sexual and contraceptive behavior, and demographic and family background information (Boggess & Bradner, 2000). All the data used in the NSAM were collected through face-to-face interviews with the respondents.

Overall 49.5% of the males responding to the NSAM noted having had sexual intercourse in 1988. The percentage dropped slightly in 1995 to 41.3%. According to the NSAM the proportion of African-American and Hispanic males indicating sexual experience did not change appreciably over the years. The NSAM promulgated that 77.8% of African-Americans adolescents reported ever having had sexual intercourse in 1988 and 76.8% reported such experience in 1995. Data collected from Hispanic adolescents indicated that in 1988 53.5% of this population reported having had sexual intercourse and 47.4% of this population reported such experience in 1995. Significant changes did transpire among Caucasian adolescents. The proportion of Caucasian male adolescents reporting ever having had sexual intercourse decreased significantly between 1988 and 1995, from 44.3% to 32.8%. In each year, African-American students were significantly more likely than Caucasian or Hispanic students to report ever having

had sexual intercourse. In 1995, 76.8% of African-American students reported sexual experience, compared with 47.4% of Hispanic students and 32.8% of Caucasian students.

In 1995, the median age reported by male adolescents for initiation of sexual experience was 16.5 years. The median age did not change between 1988 and 1995. In both years, the median age was significantly younger for African-American males than for Hispanic or Caucasian males. For example in 1995, it was 13.6 years for African-American males, 15.9 years for Hispanic males and 16.7 years for Caucasian males (Boggess & Bradner, 2000).

It should be noted that compared to other national surveys, NSAM reports the lowest estimates of male adolescent sexual intercourse. It is possible that male adolescents participating in this particular survey may have underreported their sexual behavior due to the method chosen for data collection. The NSAM relies on face-to-face, interviewer-administered questionnaires and interviews within the adolescents' home as its means of data collection. Given this obvious lack of anonymity, adolescents may be hesitant to report on the full extent of their sexual activity. However, while the NSAM slightly underreports the sexual behavior of male adolescent, its findings do not differ significantly from other national surveys and it is a rich data resource that can be used to better understand the prevalence and sexual behavior among male adolescents.

Sexual Attitudes of Adolescents

A landmark study was conducted by Hass (1979) concerning sexual attitudes of adolescents. Up until this time very little information existed concerning adolescents' attitudes toward sexual topics. The reason for the paucity of information concerning juveniles' sexual attitudes was by virtue of the fact that both parents and school administrators were reluctant to grant the required permission for such research. In order to gain the subjects necessary for his research Hass independently contacted high school and junior-high- school students to voluntarily participate in his study. Hass's (1979) study was quite extensive and comprehensive with over 600 students agreeing to participate. Adolescents were asked to express their attitude toward

several topics sexual in nature. Adolescents expressed their opinions on topics such as petting, oral sex, sexual intercourse, and masturbation.

Petting. With regards to petting, 98 percent of all high school and junior-high- school students sanctioned a boy touching a girl's breast, with 69 percent of younger adolescent girls and 91 percent of the older adolescent girls rendering approval. A more recent study indicates that touching a sexual partner's genitals was endorsed of by 93 percent of the younger boys, 98 percent of the older boys, 70 percent of the younger girls, and 83 percent of older girls (Fuhrmann, 1986). These findings indicate that the majority of teens approved of petting, and that the approbation rate increased with age.

Oral Sex. Hass's (1979) research findings indicate that adolescents consider oral sex as more significant than intercourse, and therefore felt that such activity should be limited to couples in a very committed relationship. Hass found that adolescents were uncomfortable with his initial inquiries concerning oral sex. However, a vast majority approved of the behavior for couples who were in a committed relationship (Approval Rates: 87% younger adolescent males, 69% younger adolescent females, 93% older adolescent males, and 76% older adolescent females). However, a more current study suggests that a higher percentage of adolescents engage in noncoital behaviors, such as mutual masturbation, and oral sex in order to avoid the dangers of sexually transmitted diseases and unwanted pregnancies (Remez, 2000). Adolescents who have come of age with AIDS education consider oral sex to be a far less dangerous alternative than vaginal intercourse.

Masturbation. Hass (1979) found that fewer younger boys approved of masturbation than of intercourse, but that the older boys and girls approved of it more than intercourse. The fact that younger boys are closer to the negative sanctions imposed during childhood concerning masturbation may contribute to Hass's findings.

Intercourse. In Hass's study (1979), 83% of all boys, 54 percent of younger girls, and 64 percent of older girls condoned adolescent sexual intercourse. Only half of the boys in this survey

felt that sexual intercourse should include romantic involvement whereas all of the females who approved of sexual intercourse required a romantic commitment. Such findings indicate that females focus on the intimate nature of sexual intercourse while males tend to focus on sexual enjoyment.

Distinguishing Normal from Sexually Deviant Behaviors

When practitioners and researchers employ the term normative or appropriate to sexual behaviors, the term commonly describes sexual behaviors that transpire as a product of the natural human biological developmental process. This same group of professionals use terms such as pathological or deviant sexual behaviors to imply that something has happened to disturb or alter sexual behaviors that would be expected as a part of a natural or normal development process (Araji, 1997). There is a developing body of literature (Beitchman, Zucker, Hood, DaCosta, & Akman, 1991; Gil & Johnson, 1993; Martinson, 1994; Mian, Wehrspann, Klajner-Diamond, Lebaron, & Winder, 1986) that attempts to distinguish normative sexual behaviors from deviant types of sexual behaviors.

Johnson and Feldmeth (1993) offer guidance in distinguishing normal from deviant sexual behaviors. They provide several indicators one can use in determining if the sexual behaviors of juveniles are normal or appropriate. First, the juveniles are comparable in age, size, and developmental levels. Second, both individuals partaking in the sex act do so voluntarily. Third, the sexual encounter involves individuals who have an amiable relationship outside the sexual interaction. According to Johnson and Feldmeth (1993) each of these factors must be present in order for the sexual behavior to be considered normal.

Johnson and Feldmeth (1993) have also established criteria that one can utilize to conclude if sexual behavior is deviant in nature. According to the authors these juveniles have an impulsive, compulsive, and aggressive quality to their sexual behaviors. These individuals seek out others who are easy targets. Some form of coercion is always present and, frequently, social and emotional threats are used in order to keep the victims from telling about the sexual activity.

Also, evident in these juveniles' actions is a lack of empathy for their victims. Juveniles, who fall into the category, display thoughts and actions that are permeated by themes of sexuality. Their sexual behaviors continue and increase over time and represent a pattern rather than isolated events (Johnson & Feldmeth, 1993).

Cunningham and MacFarlane (1996) focus on consent when distinguishing normal sexual behavior from deviant sexual behavior. They note that informed consent must be considered when deciding whether the sexual behavior is abusive. The factors they used to measure consent were taken from the 1988 National Adolescent Perpetrator Network's Task force on Juvenile Sexual Offending definition of consent. The following is included in their definition:

1. understanding what is proposed based on age, maturity, developmental level, functioning, and experience;
2. knowledge of societal standards for what is being proposed;
3. awareness of potential consequences and alternatives;
4. assumption that agreement or disagreement will be respected equally;
5. voluntary decision; and
6. mental competence.

Cunningham and MacFarlane (1996) describe deviant sexual behavior, which lacks appropriate consent as those sexual acts that include coercion, threats, aggression, and secrecy.

Ryan (1993) also addresses the issue of sexually problematic behaviors. Ryan notes that when examining a child's or juvenile's sexual behavior additional factors besides the behavior itself must be considered when distinguishing normal from problematic sexual behaviors. These included the nature of the relationship and the interaction of those involved in the relationship. Within these two broad categories, the factors that must be taken into account include consent, equality, and coercion. Ryan (1991) defined consent as follows:

1. similar understanding of what is proposed (no trickery, misrepresentation, or confusion)
2. similar awareness of standards for the behaviors in the family, the peer group, and the community
3. similar awareness of possible consequences- that is pain, punishment, stigma, disease, and so on and
4. respect or agreement or disagreement without repercussions.

Ryan notes that it is important to distinguish between consent, cooperation, and compliance. Ryan (1993) indicated that consent is based on a person's belief and desires, whereas cooperation implies participation without regard for personal beliefs or desires. Compliance is defined by Ryan as allowing something to happen without resisting, regardless of personal beliefs or desires (Ryan, 1993). Ryan stressed that neither cooperation nor compliance equals consent. Hence, an individual who cooperates or complies with the abuser's request, using this definition, has not given his or her consent.

Ryan (1993) also recommends that when assessing the relationship and interaction of sexual partners one evaluates the amount of equality that exists with the relationship. Such an evaluation will allow one to determine if the sexual behavior is normal or deviant. Ryan (1993) defines equality as the balance of power and control. Age, weight, height, or intellectual differences are all obvious indicators of equality. Other factors that may not be as obvious include degrees of popularity, self-esteem, and assertiveness. If equality is perceived by either partner as being unequal then the sexual behavior would be considered deviant in nature.

According to Ryan (1993) a third factor of the sexual interaction and relationship that must be assessed is the degree of coercion, or pressure used to achieve compliance. According to Ryan (1993) coercion ranges from (a) no pressure; (b) use of authority (manipulation, trickery, and peer pressure); (c) use of coercion, threats, and bribes; to (d) use of physical force, threat of

harm, or violence. If any type of coercion is present in the sexual relationship, the sexual behavior would be considered deviant.

In summary, Ryan (1993) identifies three factors that can be used to distinguish normal from deviant sexual behavior. These factors include consent, equality, and coercion. It is Ryan's (1993) opinion that while a sexual relationship may contain more than one of these factors, each one of these conditions is sufficient in and of itself to delineate sexually deviant behavior.

Pither (1993) also addresses the issue of coercion. He indicates that coercion can take the form of intimidation, force, trickery, or bribery. Pither (1993) asserts that coercion may exist notwithstanding age difference and that power differentials may stand alone or may be paired with other conditions. These conditions include (a) aggressive behaviors or statements; (b) intimidating behaviors or statements such as verbal threats, written notes, and displays of aggressive behaviors without direct threats; (c) trickery that indicates fake kindness, self-serving care giving, and using games to access the victim; (d) acting on knowledge of another's weakness for one's own interest; (e) put-downs of another and building self up and putting others down; (f) harassment, such as obtaining compliance or submission by wearing down another's resistance; (g) bribery and enticements through the use of gifts, money, and favors; (h) preplanning to take advantage of the vulnerabilities of another person; and (i) use of the element of surprise to engage in the behavior before the other has the opportunity to resist (Pithers, 1993).

The previous discussion illustrates factors that can aid in one's attempt to classify sexual behavior as normal or deviant. Although each typology varies slightly in their recommendation for distinguishing normal from deviant sexual behaviors, there is a fair amount of consistency of the behaviors or factors that should be examined when attempting to determine if sexual behavior between two individuals is problematic. In the following section, the prevalent factors of these classifications will be delineated in order to provide a consolidation of the factors, which can be utilized to distinguish normal adolescent sexual behavior from that behavior which would be considered deviant in nature.

Characteristics of Sexually Aggressive Behaviors

Sexually aggressive behaviors represent the extreme end of a sexual behavior continuum (Araji, 1997). Several factors can be used to assess whether or not the sexual behavior exhibited by an adolescent falls at the end of this continuum. Certain criteria have been agreed upon in determining the appropriateness or inappropriateness of juveniles' sexual behaviors. It is apparent that these criteria focus on three factors that are advantageous to assess when determining whether or not any sexual interaction is normal or sexually deviant. These factors are equality, consent, and coercion.

The relationship between the victim and the perpetrator must be assessed for equality. Equality refers to the balance of power and control in a relationship. Age, weight, height, or intellectual differences are all obvious indicators of equality. Other factors that may not be as obvious include degrees of popularity, self-esteem, and assertiveness. The perceived inequality of either sexual partner should be considered as an indicator of deviant sexual behavior.

The issue of consent must also be examined when assessing a sexual relationship between two juveniles. Consent of both individuals is a must in order for the sexual behavior to be considered unquestionable. Ryan (1993) notes that a similar comprehension of what is being proposed must be understood by both partners in order for consent to be given. Consent also demands that both individuals understand the possible consequences that may occur due to their sexual exploration. Furthermore, each individual participating in the sexual activity must respect each other's wishes and no threats of repercussion should occur if one partner's wishes do not comply with the other's.

No coercion of any kind takes place in appropriate sexual relations. If coercion does take place the sexual behavior would be considered aggressive in nature. Coercion may be of two types. Physical coercion involves the use of physical force or threat to use physical force, a weapon, or to injure the victim. Social coercion includes the use of social threats, bribes, trickery, persuasion, intimidation, or peer pressure.

In order to determine whether or not the sexual behavior between two individuals is deemed deviant in nature one should examine the sexual encounter to observe if it is based on mutual consent, whether equality exist within the relationship, and whether or not coercion is used to obtain sexual agreement. It is important to note that a sexual relationship need not contain each of these factors to be considered deviant. Each of these factors in isolation is sufficient to classify the sexual behavior as deviant or inappropriate.

Potential Factors Mediating the Development of Deviant Adolescent Sexual Behavior

The majority of theories used to explain deviant adolescent sexual behavior suggest that many risk factors converge within the juvenile's early life experience. Individual characteristics, parental influences, and primary care environmental factors have been shown to shape the beliefs and behavior patterns of children. Such factors have been recognized as the primary influences in child development (Ryan, 1991). Becker and Kaplan (1988) assert that many of the studies that attempt to explain deviant adolescent sexual behavior address either characteristics of the individual, characteristics of the adolescent sex offender's parents, or the primary care environment. In order to gain an understanding of the factors that presumably contribute to deviant adolescent sexual behavior each of these issues will be addressed in this section.

Individual Characteristics

Many studies have examined individual characteristics of juvenile sex offenders. Studies of this nature attempt to identify individual characteristics of the adolescent sex offenders that relate to the commission of these sexual crimes. The research literature identifies several individual characteristics that are prevalent among juvenile sex offenders. Poor social skills, low self-esteem, feelings of inadequacy, lack of assertiveness, fear of rejection, anger toward women, an acceptance in sexual myths, have all been thought to contribute to sexual deviant behavior (Lakey, 1992). These and other factors, such as behavior problems, social isolation, poor academic performance, and a history of physical and or sexual abuse, are often part of the

adolescent sex offender's history (Araji, 1997; Becker, 1998; Bonner, Marx, Thompson, & Michaelson, 1998; Veneziano et al. 2000).

The current project will not attempt to examine individual characteristics of the adolescent sexual offender. However, in order to provide a better understanding of this population, a brief description of common characteristic that are found among adolescent sexual offenders will be provided at this time. Studies that examine characteristics of adolescent sexual offenders are ultimately concerned with the basic question of why some adolescents commit sexual crimes and others do not (Davis & Leitenberg, 1987). While adolescent sexual offenders appear to be a fairly heterogeneous group, there are several individual factors that have been shown to have etiological significance (Bourke & Brad, 1996; Lakey, 1994). These factors include a history of sexual abuse, inadequate social skills, lack of impulse control, lack of social empathy, lack of accountability, and inaccurate sexual knowledge.

Research has shown that a vast majority of adolescent sex offenders have a history of physical or sexual abuse (Araji, 1997; Becker, 1998; Bonner et al., 1998; Veneziano et al., 2000). Inadequate social skills, lack of impulse control, a lack of social empathy, inaccurate sexual knowledge, and a lack of accountability also have been demonstrated to pervade the lives of adolescent sex offenders (Lakey, 1994). Each of these variables will be examined in order to gain an understanding of the individual characteristics of the adolescent sexual offender that may lead to the commission of his crime.

History of Abuse. Schechter and Roberge (1976) have provided one of the most widely accepted definitions of sexual abuse (Watkins & Bentovim, 1992). They defined sexual abuse as the involvement of developmentally immature children or adolescents in sexual activities they do not truly comprehend, and to which they are unable to give informed consent.

Previous research indicates that adolescents who commit sexual offenses were likely to have been victimized themselves (Araji, 1997; Becker, 1998; Bonner et al., 1998; Veneziano et al., 2000). Much of the research with this population has shown that approximately 50% to 60%

of all adolescent sexual offenders were themselves victims of sexual abuse (Bourke & Brad, 1996). Smith (1988) found that of the 450 adolescent sex offenders participating in their study between 19% and 32% of the offenders had themselves been previously sexually abused and that if physical abuse is included, the estimate of abuse rises to between 35% and 56%. Pithers, Gray, Busconi, and Houchens (1998) found that of the 127 adolescents in their study, 109 (86% had been sexually maltreated and 55 (43%) of the children had been maltreated physically. Adolescent sexual offenders who have been victims of abuse themselves also tend to abuse a greater number of victims and tend to commit more violent offenses. Becker and Stein (1991) examined 160 adolescent sexual offenders and determined that juveniles who had been victims of sexual abuse had abused more victims than juveniles without such histories of sexual victimization. Likewise, Smith (1988) indicated that those offenders who had experienced extensive abuse, either sexual or physical commit the more violent offenses. While it is apparent that not all juvenile sex offenders are themselves victims of sexual or physical abuse it does appear that a significant proportion of the population has suffered some type of abuse.

Inadequate Social Skills. Many researchers have found that juvenile sexual offenders lack appropriate social skills (Araji, 1997; Awad & Saunders, 1989; Blaske, Borduin, Henggeler, & Mann, 1989; Katz, 1990;). Previous research indicates that many juvenile sex offenders find it hard to associate with both adults and peers alike, which in turn leads to social isolation.

Fehrenbach, Smith, Monastersky, and Deisher (1986) found that the male adolescent sex offenders in their sample (n = 305) were by and large socially isolated and reported having few friends. Two-thirds of their sample reported no close friends. The clinical impressions of many of these adolescent sex offenders were that they were socially awkward youths who preferred the company of younger children or adults to that of their peers. Blaske, Borduin, Henggeler, and Mann (1989) found similar results in their population of male adolescent sex offenders. Their sample (n = 60) demonstrated problematic behavior in the areas of social functioning and peer relations. These adolescent sexual offenders reported high rates of anxiety when interacting with

their peers and indicated that they felt estranged in their relations with others. These findings of interpersonal isolation in the adolescent sexual offenders were support by maternal reports. Maternal reports indicate that such adolescents demonstrated a lack of emotional bonding to peers. These results are consistent with other research findings (Araji, 1997; Becker, 1998; Bonner et al., 1998; Veneziano et al., 2000).

Adolescent sex offenders may also have underdeveloped heterosexual social skills. While no empirical research has been conducted to assess the heterosexual social skills of adolescent sex offenders, related research shows that individuals who commit sexual crimes lack such social skills. In a population of convicted rapists, Segal and Marshall (1985) found that rapists rate themselves as less skilled and more anxious during typical heterosexual interactions than inmates who had been convicted for non-sexual offenses. This suggests that individuals who commit violent sexual acts experience a high amount of difficulty when interacting with the opposite sex. It seems highly probable that adolescent sex offenders would acknowledge the same heterosexual social inadequacies.

Lack of Impulse Control. A common characteristic among adolescent sexual offenders is the lack of impulse control. A study of 262 male adolescents, who were incarcerated for less violent and less aggressive sexual offenses (Smith, Monastersky, & Deisher, 1987), showed that approximately 50% of the common variance was explained by the disposition to act out impulsively. The average adolescent sexual offender is also found to have below average skills in controlling anger. Van Ness (1984) reported that 63% of 29 incarcerated adolescent sex offenders scored below average on a measure of skill in controlling anger versus 26% of delinquents who had not committed a non-sexual offense. However, it is not clear if adolescent sexual offenders have less skills in controlling their anger, or if they simply have greater amounts of anger with which to contend.

In related research Lisak and Roth (1988) found that compared to their less aggressive counterparts, self-identified sexually aggressive college men reported less respect for society's

rules and rated themselves as more impulsive. Likewise, Prentky and Knight (1991) found that the most commonly observed lifestyle characteristic of convicted rapists was impulsivity. In a study of psychiatric characteristics of 58 outpatient male adolescents sexual offenders, Kavoussi, Kaplan, and Becker (1988) found that the most prevalent diagnosis was conduct disorder. A total of 48% of the sample was diagnosed with a conduct disorder. The authors speculated that this could be part of a pattern of "poor impulse control and antisocial behavior" (Kavoussi, Kaplan, & Becker, 1988, p.243).

Previous research indicates that adolescents who demonstrate deviant sexual behavior have low levels of impulse control. It is apparent from this research that a relatively stable pattern of lifestyle impulsivity contributes to an increased likelihood of offending among adolescents to commit a sexually violent act. Fantasies about sexual acts, which often occur during adolescence, minus the ability to control one's impulses, which would typically inhibit the acting out of such fantasies may very well contribute to deviant adolescent sexual behavior.

Lack of Social Empathy. Clinicians and theoreticians have suggested that adolescent sexual offenders are deficient in empathy (Marshall, 1993). Research in a treatment center in New Zealand (Jones, Hudson, & Marshall, 1992) suggested that sex offenders may not lack general empathy (toward all people), but rather they may be strictly deficient in empathy toward either their own victims or to the victims of sexual assault in general (Marshall, 1993).

Empathy appears to involve four processes: recognition of the other persons feelings, the provocation in the observer of those same feelings, the recognition of these states by the observer, and the acceptance of the shared feelings (Marshall, 1993). Hudson, Wales, Bakker, McClean and Marshall (1991) have presented tentative data suggesting that rapists, a seemingly comparable group to adolescent sex offenders, may be deficient in the first process. It appears that sexual offenders have difficulty discerning the emotional state of their victims. Such offenders tend to minimize the sexual victimization and the damage they inflict. A lack of

empathy toward the victim would allow the adolescent sexual offender to continue to abuse the victim without feeling the distress that would typically prevent such abuse.

Lack of Accountability. The lack of accountability is the denial of personal responsibility for one's actions (Araji, 1997). The juvenile sex offender, just like a criminal, lies, cheats, blames others, offers lame excuses, and minimizes responsibility when confronted (Lakey, 1992). He believes that he can do as he wishes, making no association between his own accountability and morality. He refuses to accept responsibility for his actions and often plays down the harm his behavior might have had on others (Lakey, 1992). When the juvenile sex offender is confronted and held accountable for his deviant sexual behavior he often blames the victim for causing him to molest or rape. It is possible that by blaming the victim, the adolescent sexual offender is able to project the responsibility for the deviant sexual act onto the victim thereby alleviating any guilt or apprehension he may feel for committing the sexual act. Such removal of guilt may indeed propagate the sexual crime.

Groth (1979) suggested that misperceptions "tend to shift the responsibility from an offender to something outside of him" (p. 9). Groth (1979) claimed that the sexual offender refuses to face his own defective thinking patterns. This avoidance prevents the juvenile sex offender from behaving in a socially acceptable manner.

Belief in Sexual Myths. A plethora of misinformation, strange beliefs, and attitudes permeates the value systems of male adolescent sex offenders (Lakey, 1992). Breer (1987) states that a major treatment goal with this population is to correct faulty thought patterns, including core attitudes, beliefs in half-truth, and myths surrounding sexual issues. All juvenile sex offenders have been prematurely sexualized either as victims themselves or as perpetrators, and they are often immature for their age (Lakey, 1992). More often than not their general life knowledge and experience are limited, and they generally have a maladaptive value system (Breer, 1987; Samenow, 1984).

Adolescent sexual offenders not only lack general life knowledge, research has also shown that they often do not engage in sound questioning or a genuine search for information, unless it entails a design to perpetrate a criminal act (Lakey, 1992). The adolescent sexual offender often rejects reality because he has an inflated image of his abilities, insight, and knowledge. Lakey (1992) suggests that the juvenile sex offender prejudges and fails to consider alternative options. He gets an idea, forms an opinion based on that idea and believes that idea as established fact (Lakey, 1992) Most of these ideas rest on ignorance, rumor, myth, or misinformation. Juvenile sex offenders tend to have misinformation concerning sexuality, female sexuality, male sexuality, intercourse, rape, molestation, and intercourse.

In order to gain a better understanding concerning the misconceptions of juvenile sex offenders, an example of "thinking errors" or sexual myths will be provided under their various topics (Lakey, 1992).

Myths About Sexuality

1. All adolescents are promiscuous.
2. Children (under 10 years of age) are quite capable of giving meaningful consent for a sexual experience, even if obtained under duress.
3. Parents should allow children to become sexually active whenever they express an interest in doing so.

Myths About Female Sexuality

1. If a female laughs during a conversation of sexual matters, she is erotically aroused.
2. Obscene language arouses sexual desire in most females.
3. When a female says "no" in a sexual context, she really means "yes".

Myths About Male Sexuality

1. A male demonstrates his masculinity by having intercourse with as many females as possible.

2. A "real" man watches a lot of television, drinks beer, and has "his woman" hovering over him to fulfill his slightest needs or commands, including sexual needs.
3. A male who is gentle or shows his emotions is not masculine.

Myths About Rape and Molestation

1. A female cannot be raped against her will.
2. Forcing a female into sexual act is legally considered rape only if she is a virgin.
3. A female who places herself in a compromising position (drinking, having sex with a stranger at a party) is fair game for anyone.
4. Compliance by a female during a sexual assault implies consent . ("It must have been okay with her; she didn't say anything").
5. Females dress provocatively on purpose because they want to be raped.
6. Rape is no big deal.
7. Feelings of love for an intended victim (as in incest) are temporarily suspended by a molester or rapist during the act.

Myths About Intercourse

1. Women like pain during intercourse.

The acceptance of such myths has been identified in both the offender's family and their own personal knowledge (Stenson & Anderson, 1983). Their understanding of sexuality is strikingly limited and demonstrates an acceptance of stereotyped images of both males and females. Lakey (1992) claims that this population has limited information on anatomy, physiology, sexuality, pregnancy, birth control, and sexually transmitted diseases, and most of their information is erroneous.

Previous literature indicates that individual characteristics of the adolescent sexual offender may significantly contribute to the perpetration of the deviant sexual behavior. Inadequate social skills, lack of impulse control, a lack of social empathy, inaccurate sexual knowledge, and a lack of accountability also have been found to permeate the lives of adolescent

sex offenders (Lakey, 1994). Unfortunately, empirical research corresponding to each of these possible contributing factors often contain serious methodological flaws. Standardized measures are seldom used, and in most studies of characteristics of adolescent sexual offenders simple descriptive statistics have been reported without any comparison with adolescents who have no sexual offense history. In the absence of such matched controls, it is not possible to determine which characteristics are unique to the adolescent sexual offender, which are shared with other delinquents, and which are shared with the general population of adolescents.

Parental Factors

Several parental factors are deemed as having a profound influence on the sexual behavior of adolescents (Meschke et al., 2000). Issues such as parent-adolescent sexual communication, parental belief in sexual myths, parental control and sexual monitoring, and warmth and support all impact adolescent sexual behavior. The current literature concerning these issues only examines how each of these parental factors influences 'normal' adolescent sexual behavior. There is no reference in the current literature concerning how each of these variables influences deviant adolescent sex behavior. In order to facilitate an understanding of how parental factors influence normal adolescent sexual behavior a brief review of the literature concerning each of these variables will be provided. While this research does not directly assess parental influence on deviant sexual behavior it does provide a general understanding of how parents can profoundly affect their child's sexual behavior. Parental-adolescent sexual communication and parental sexual values and knowledge (as perceived by the adolescent) will be examined in this section. However, the issues of parental monitoring and control and parental warmth and support will be addressed in the section concerning the primary care environment. Given the fact that adaptability addresses parental control and parental monitoring and the fact that cohesion addresses levels of support and warmth found within the family it seemed appropriate to explore these variables when examining the primary care environment of the adolescent sexual offender.

Communication. Parent-adolescent communication and its correlation to adolescent sexual behavior has been more meticulously explored than any other parental influence in this area (Meschke et al., 2000). Notwithstanding, researchers who have investigated the relationship between parent-adolescent communication and adolescent sexual behaviors have not been able to agree upon the relationship between these two variables. Specifically, previous research does not consistently agree on the effects of parent-adolescent communication on adolescent sexual behaviors (Jaccard & Dittus, 1993; Miller, 1998).

Evidence of the relationship between parent-adolescent communication and adolescent sexual behavior is mixed. Some investigations have found no relation between parent-child communication and adolescent sexual behaviors (Casper, 1990; Handelsman, Cabral & Weisfeld, 1987; Havell, 1994; Miller, Norton, Fan & Christopherson, 1998; Rodgers, 1999). Others have related higher levels of parental communication to an increased likelihood of adolescent intercourse (Widmer, 1997). Still other studies have shown that more frequent parent-adolescent communication about sexualityhas been commonly associated with fewer sexual partners for the adolescent and later and less frequent sexual activity (Jaccard, Dittus, & Gordon, 1996; Leland & Barth, 1993; Miller, Forehand, & Kotchick, 1999). It seems possible that the discrepancy in these findings lies in the definition used for parent-adolescent sexual communication. For example, Rodgers (1999) measured communication with several items that ascertain the frequency with which adolescents have had "good" talks with their parents in the last year. Others have simply defined sexual communication as the extent to which parents and their adolescents engaged in communication about sex (Jaccard et al., 1996). This definition would allow for both positive and negative conversations that took place between the adolescent and the parental figure, whereas the former only assessed "good" forms of communication. The difference in such definitions may explain the inconsistent findings concerning how parent-adolescent sexual communication affects adolescent sexual behavior.

One factor that does appear to be consistent is the relationship between the quality of parent-adolescent sexual communication and adolescent sexual behavior. Higher quality communication has been related repeatedly to decreased likelihood of intercourse, delayed first intercourse for sons, decreased likelihood of daughters becoming pregnant while in adolescence, and increased contraceptive use for daughters (East, 1996; Leland & Barth, 1993; Pick & Palos, 1995). It has been found that parents who frequently discuss sexual issues with their children but who are viewed as less supportive had adolescents who reported more sexual risk-taking behaviors than peers who perceive their parents as more supportive (Rodgers, 1999).

The quality of the parent-adolescent relationship serves as a potential explanation for the mixed findings on the relationship between parent communication and adolescent sexual behaviors. It is apparently attitudes and values that are conveyed when parents and adolescents engage in conversations concerning sexual issues. It seems that researchers who investigate this parent-adolescent sexual communications often make the assumption that all parents who engage in sexual conversations with their adolescents are attempting to dissuade their children from having sexual intercourse. This may not be true of all parents. Jaccard and Dittus (1991) found that approximately one fifth of parents in their study said is would be acceptable for their adolescent to have sex with a steady boyfriend/girlfriend and approximately one tenth said they would not discourage their child from having sex. Correspondingly, Raffaelli, Bogenschneider and Flood (1998) found that parents in their sample (666 mothers and 570 fathers) were classified as more or less accepting of their adolescents having protected sexual intercourse. Parents indicated that teen sex was inevitable and should be dealt with as a reality. In order to clarify this issue the content and quality of the conversations, which take place between parents and adolescents when they engage in discourse concerning sexual issues, require further examination.

Parental Belief in Sexual Myths. Parental values have also been associated with adolescent sexual behaviors. Research consistently denotes that when parents and children talk about sex, it is attitudes and values that are conveyed, not facts (Fisher, 1986; Jaccard, Dittus, &

Gordon, 1996; Miller, Forehand, & Kotchick, 1999; Resnick et al., 1997). Fisher (1986) found that parents (n = 26) transmit sexual values to their children when sexual discussions take place, not sexual knowledge and that adolescents for the most part mirror their parents' sexual attitudes. While the relationship between parent-child communication about sex and ensuing sexual behavior is ambiguous at present, parent-child communication is clearly related to similarity in sexual attitudes between parents and their children.

Parental values may also be indirectly transmitted to adolescents. Newcomer and Udry (1984) found that mothers who were sexually active as adolescents were more likely to have adolescent daughters who were sexually active. However, it is unclear if this finding is due to parental values or heredity. Specifically, the timing of puberty is affected by heredity, which is subsequently associated with age of menarche and the development of secondary sex organs. In turn, these two variables have been positively related to the timing of sexual experience (Stattin & Magnusson, 1990).

Parental sexual values are contingent upon their belief in sexual myths. Stenson and Anderson (1983) found that parents of adolescent sexual offenders often accept sexual myths as truths and demonstrate an acceptance of stereotyped sexual images of both males and females. It is conceivable that parents who accept sexual myths as truths and manifest these values to their children contribute to the adolescent's decision to accept such sexual myths. Parental sexual beliefs and values have been shown to shape an adolescent's perception concerning sexual issues. It is felt that the values and beliefs of those individuals responsible for the nurturing of adolescent sexual offenders play a significant part in the sexual education of such adolescents.

The Primary Care Environment

The primary care environment's role in shaping the beliefs and behavior patterns of its children is recognized as a principal influence in child development (Ryan, 1991). It is within the early primary care environment that the child begins to develop a view of the world and basic assumptions are formed. This environment may enhance or hinder the child's growth and

development. Ryan (1991) states that "as the child's world expands and experiences broaden, extrafamilial influences may impact development and continue to shape the individuals beliefs and behavior but the child's earliest experience remains the core" (p. 143).

Many practitioners and researchers have recognized the influential role that the primary care environment plays in the lives of adolescents who display deviant sexual behavior. Monastersky and Smith (1985) note that studies concerning juvenile sex offenders are virtually unanimous in identifying the family (or the primary care environment) as a crucial influence in the development of sexually offending behavior. Gil (1993) also recognized the importance of the primary care environment and noted that practitioners should immediately assess this environment when children present with sexual problems. She states that "extreme and persistent sexualized and molesting behaviors do not emerge in a vacuum" (p. 97). They emerge within the primary care environment of the individual (Gil, 1993). Despite the fact that research concerning adolescent sex offenders has burgeoned in the last decade, it has largely been concerned with individual characteristics of offenders and offenses. Although there is speculation on how the primary care environment influences the commission of an offense and clinicians generally agree that an effective assessment of adolescent sex offenders includes an investigation of the offender's primary care environment (Becker, 1990), little scientific research has been conducted to confirm or disclaim these impressions about the family dynamics of adolescent sex offenders.

Several factors within the primary care environment have been identified as possible contributors to deviant adolescent sexual behaviors. These risk factors include a nonnormative sexual environment (Gilgun, 1988), sexualized models of compensation (Steele & Ryan, 1991), experience of sexual victimization, humiliation, or trauma (Freeman-Longo, 1982) combined with a lack of empathic care (Steele, 1987) and/or a lack of consistent care (Prentky, Knight, Straus, Rokous, Cerce, Sims-Knight, 1989). Each of these factors point either inclusively or exclusively to early childhood experience and familial influences (Ryan, 1991). This literature does not suggest that familiar variables are directly causal, but rather that circumstances and

experiences in the early primary care environment may allow or support the development of sexual deviance and/or fail to enhance empathy and inhibitions that prevent exploitive behavior (Ryan, 1991).

A research area that has recently received attention is the family systems of adolescent sex offenders. Two aspects of the family system that have been identified as indicators of family functioning are adaptability and cohesion. Each of these factors will be briefly addressed in this section. In addition, issues surrounding these variables which significantly contribute to deviant adolescent sexual behavior will also be considered.

Family Cohesion. Family cohesion estimates the degree to which family members are separated from or connected to their family. Olson, Sprenkle, and Russell (1979) define cohesion as the emotional bonding that family members with one another and the degree of individual autonomy a person experiences in the family system. There are four levels of family cohesion: disengaged, separated, connected, and enmeshed. Enmeshment is the extreme of high family cohesion. In this type of family system there is an overidentification with the family that results in extreme bonding and limited individual autonomy (Olson, Sprenkle, & Russell, 1979). Disengagement marks the low extreme of cohesion. This type of system is characterized by low bonding and high autonomy from the family. It is hypothesized that a balanced degree of family cohesion is the most favorable for effective family functioning and for optimum individual development (Olson et al., 1979). The family environment of adolescent sex offenders is often described as being enmeshed or disengaged (Ryan, 1991).

An important issue related to cohesion, which lends understanding to the family environment of the adolescent sex offender, is that of family boundaries. Boundaries are viewed as either physical or emotional barriers that distinguish individuals and families and regulate the amount of contact between them (Araji, 1997). All families have as one of their tasks the establishment of and preservation of boundaries. A boundary marks the limits of a system, and boundaries delineate one system from other systems. Similarly, boundaries delineate one

subsystem from other subsystems within a larger system (Becvar & Becvar, 1996; Klein & White, 1996). Boundaries are characterized by the degree to which they permit energy between the system and its environment (Becvar & Becvar, 1996; Klein & White, 1996).

Two types of family boundaries exist: External boundaries and internal boundaries. External boundaries separate the family from other systems. These external boundaries ordain family membership, that is, they outline who is in and out of the family. External boundaries also regulate the flow of information between the family and other social systems. Internal boundaries govern the flow of information between and within family subsystem. Example of subsystems found within the family system include but are not limited to the individual subsystem, the marital subsystem, a parent-child subsystem, and a sibling subsystem. Internal boundaries also influence the degree of autonomy and individuality permitted within the family.

Sexual boundaries that exist within the primary care environments of individuals who display deviant sexual behaviors are an important area that needs further examination. Given the fact that adolescents report receiving sexual information from both affective and behavioral domains it seems essential that the values, attitudes, and behaviors demonstrated through the presence or absence of sexual boundaries in the primary care environment be assessed. To date, few researchers have attempted to empirically examine the type of sexual boundaries that exists within the primary care environment of adolescent sexual offenders (Levang, 1989). The literature that does report on this issue asserts that the sexual boundaries around the marital subsystem within the primary care environment are observed to be quite open. Specifically, children in this type of environment are often allowed to observe and at times engage in sexual behavior typically reserved for only the husband and the wife (Levang, 1989). In an attempt to learn more about this phenomenon, the current study will assess the sexual boundaries that are found within the primary care environment of adolescent sexual offenders. Such information will aid in one's understanding of the sexual information that is presented within the primary care environment of adolescent sexual offenders.

Cohesion also addresses parental warmth and support, which have been shown to significantly influence the sexual behavior of adolescent sexual offenders (Jaccard et al., 1996; Miller, 1998; Resnick, 1997; Rodgers, 1999; Whitbeck et al., 1993). Homes that are classified as disengaged or enmeshed, the two extreme forms of cohesion, have unhealthy or inappropriate levels of warmth and support. In the disengaged environment, the family members are unattached to one another and show very little if any warmth and support toward one another (Barber, 1992; Mescke et al., 2000; Rodgers; 1999). The opposite is true for enmeshed families. Such families tend to demonstrate excessive amounts of affection (Barber, 1992; Mescke et al., 2000; Rodgers; 1999). Each of these types of environments can have a significant influence the sexual behavior of adolescents.

A close parent-adolescent relationship is important not only in lowering adolescent sexual behaviors but also is a necessary part of effective limit setting and communication (Jaccard et al., 1996; Rodgers, 1999). Disengaged parents probably are not providing enough involvement or appropriate sexual standards to protect their adolescent against deviant sexual urges or effects of the outside environment. In contrast, high levels of cohesion may promote emotional fusion or confusion of self between the adolescent and his caregivers. Therefore, it is probable that enmeshed adolescents, who witness explicit parental sexual behaviors, may have a hard time distinguishing sexual behavior that is appropriate for adults from that behavior which is appropriate for adolescents.

The current study is interested in the types of cohesion associated with topics that are sexual in nature. It is perceivable that parents of adolescent sexual offenders offered little or no support to their adolescents when sexual issues are at hand. Such parents may refuse to discuss sexual topics with their adolescent and may prohibit the discussion of such topics within the primary care environment. In contrast, it is also possible that parents became over involved with their adolescent's sexual behavior and/or permitted or even encouraged their adolescent to become involved with their own sexual experiences. Either of these responses could have

conveyed certain parental attitudes and values to the adolescent concerning sexual issues. It is felt that family cohesion, when dealing with matters that are sexual in nature, may have significantly contributed to the sexual education of the adolescent sexual offender. Therefore, this issue will be explored in the current study.

Family Adaptability. Family adaptability (change) has to do with the extent to which the family system is flexible and able to change. It is defined as the ability of a family system to change its power structure, role relationships, and relationship rules in response to situational and developmental stress (Olson, et al., 1979). According to Olson et al. (1979) there are four levels of family adaptability, ranging from extremely low adaptability to extreme high adaptability. The levels are as follows: rigid, structured, flexible, and chaotic. The unbalanced levels of adaptability have been labeled rigid and chaotic. Similar to cohesion, Olson and his associates (1979) hypothesized that a balanced degree of family adaptability is the most favorable for effective family functioning and to optimum individual development. The specific variables that are of interest in terms of this dimension for the current study are parental monitoring of adolescent sexual behavior through rule setting and family role relationships.

Parental monitoring and control of adolescent activities has also been shown to be associated with adolescent sexual behaviors. Research supports the notion that higher levels of parental monitoring aid the delay of an adolescent's first sexual experience (Capaldi et al., 1996; Danziger, 1995; Ku, Sonenstein, & Pleck, 1993). However, other research suggest that monitoring and control appear to have a curvilinear effect (Meschke et al., 2000). Miller, McCoy, Olson, and Wallace (1986) found that adolescent perceptions of very strict parental discipline were more strongly affiliated with permissive sexual attitudes and intercourse experience than were moderate parental strictness and rules. Notwithstanding, the highest attitudinal permissiveness and sexual intercourse experience were associated with a lack of parental rules and strictness (Miller et al., 1986). It appears that both, too many rules and too little supervision, have been related to a greater likelihood of adolescent sexual activity (Miller et al., 1986).

Miller et al. (1986) offer two plausible explanations for the curvilinear pattern between parental control and adolescent sexual behavior. They assert that as suggested by socialization theory, parental discipline and control attempts might be antecedent to and influenced by the sexual attitudes and behavior of children. If this is the case, parents who are not strict at all in disciplining children, and parents who have few if any rules concerning sexual issues, socialize their children to be sexually permissive. However, this rationale offers no explanation as to why excessively strict parents and parents with too many rules concerning sexual issues might be at risk of having sexually permissive children. A possible explanation for this phenomenon is that adolescents may simply disavow parental opinions when they are excessively strict. Such parents may be perceived as being out of touch with sexual issues that face adolescents. This loss of credibility may explain why adolescents, who are faced with too many sexual rules from parental figures, chose to ignore all those rules associated with sexual issue, and engage in sexually permissive behaviors.

Another plausible explanation offered by Miller et al. (1986) for the observance of this curvilinear relationship is that parental behaviors are a consequence of adolescent permissiveness. That is, parents might decide to become more strict, if they suspect their adolescent is engaging in sexual intercourse. Each of these explanations may offer a rationale for the curvilinear relationship between parental control and adolescent sexual behavior. Miller et al. (1986) asserts that a more detailed longitudinal analysis will be required to specify the causal processes between these two factors.

Family rules are used to explain regularity in family life (Rosenblatt, 1994). Family members interact with each other and with individuals outside the family in a fairly consistent manner due to their compliance to family rules. A family rules may be defined as a spoken or unspoken prescription that operates within the family to guide action (Rosenblatt, 1994). Rules can be thought of as guides, but they can also be thought of as laws back by sanctions. Rosenblatt

(1994) states that these sanctions might include disapproval, criticism, rage, and/or deprivation of affection.

The family systems literature indicates that general family rules are mainly implicit. For example, Satir (1972) acknowledged that often families have unwritten rules and rules that are difficult or impossible to articulate. Wertheim (1975) wrote about rules as being largely unconscious. Thus, rules at times may be unverbalized but still stand as effective understandings among family members.

As of yet, little research has been conducted to examine the rules in the primary care environment of the adolescent sexual offender. Johnson and Feldmeth (1993) have hypothesized that few if any spoken rules relating to sexual issues, exist in the primary care environment of an adolescent sexual offender. However, parents may communicate sexual rules by their sexually explicit behavior.

Family structure may be conceptualized in terms of family roles (Rosenblatt, 1994). The notion of family roles implies that all members of the family system play parts in interaction with one another. Family roles are developed and played out in interpersonal transactions. In this sense family roles are contextual, that is they are situated in the here and now and are based on who is present, surrounding events and recent interactions, and the physical setting and other specifics of the moment (Minuchin, 1974).

Here again, little research has been conducted concerning the family roles in the primary care environment of an adolescent sex offender. Smith and Israel (1987) hypothesize that the roles of family members concerning sexual matters are unclear in such homes. Smith and I (1987) found that mothers of adolescent sexual offenders often act seductively toward their sons. These mothers were openly flirtatious and provocative with their sons. It seems logical to infer from these findings, that such behavior blurs the roles of family members in this type of family system.

The literature concerning parental control and monitoring, family rules, and family roles, in the primary care environment of adolescent sexual offenders is sparse. The current project will

attempt to examine each of these issues. It is possible that each of these variables adds to the sexual climate of the primary care environment of adolescent sexual offenders. Given that one of the purposes of this project is to describe in detail the sexual nature of the primary care environment of adolescent sexual offenders each of these variables will be broached during interviews.

The Circumplex Model. Olson and his associates have placed the dimensions of cohesion and adaptability in a Circumplex Model in which different types of family systems are identified (Figure 3). The four levels of cohesion were named (from low to high): disengaged, separated, connected, and enmeshed. The four levels of adaptability were called (from low to high): rigid, structured, flexible, and chaotic. Combining the two dimensions of adaptability and cohesion into a circumplex model enables one to identify and describe 16 types of marital and family systems. Once the types were identified and located within the model, it became apparent that three basic groups of types can be identified using the model. One group has scores at the two central levels on both dimensions (four balanced types); another group has scores at the extreme on both dimesions (four extreme types); and the third group is identified as having extreme scores on only one dimension (eight mid-range types). Communication, the third dimension of the model, is important for facilitating a family's movement along the cohesion and adaptability dimensions. Olsen and his associates hypothesized that a curvilinear relationship exists between cohesion and adaptability and optimal family functioning. Specifically, they proposed that moderate degrees of both cohesion and adaptability, as measured by FACES, are the most functional for family development (Rodick, Henggeler, & Hanson, 1986). On the cohesion dimesion, families need a balance between too much closeness (enmeshed system) and too little closeness (disengaged system). On the adaptability dimension, families need a balance between too much change (chaotic system) and too little change (rigid system) (Rodick et al., 1986). Families in the four central positions on the Circumplex Model are balanced in that they can experience the extremes on the dimensions when necessary but do not officiate at these extremes for extended periods of

time. In comparison, families at the extremes are more likely to encounter developmental quandaries and have difficulty moving to more functional degrees of cohesion and adaptability (Rodick et al., 1986). Families of problem adolescents have been shown to have more extreme scores than nonproblem families on the dimensions of cohesion and adaptability.

The importance of the communication dimension of the Circumplex Model lies in its ability to facilitate movement on the cohesion and adaptability dimension. Olson et al. (1983) hypothesized that balanced families have more positive communication skills than extreme families. Positive communication skills include relatively high rates of supportive statements, effective problem-solving skills, and an emotionally warm tone (Rodick et al., 1986). In contrast, extreme families are thought to have negative communication styles. Negative communication styles would include nonsupportive and defensive statements, and a relatively hostile tone.

The Family System of an Adolescent Sexual Offender

Knopp (1982), reporting on limited clinical impressions of an unspecified number of families in one adolescent sex offender program found that families of adolescent sex offenders reflect two types of family systems. Either the families are very rigid and enmeshed, with strict rules and a high demand to meet parental expectations, or they are very chaotic with a great deal of role confusion. Knopp (1982) reports that staff members in another adolescent sexual offender program serving very violent and dangerous sexual offenders used the word "chaotic" when characterizing the families of the majority of the adolescents. Thus, families of adolescent sexual offenders have been illustrated in the literature as rigid and enmeshed or chaotic. The connotation of these terms is that these families are highly inflexible or too flexible and that they are too close emotionally, the result being a dysfunctional family system that prevents healthy development among its members. However, the authors drawing these inferences typically have been clinicians who have grounded their ideas solely on clinical impressions (Bischof, Stith, & Wilson, 1992).

The Rigid/ Enmeshed Family. Families that are classified as rigid/enmeshed are often the most secretive and isolated (Ryan, 1991). The home is fortified against intrusion, and there is

very little social or system contact. Family members concur in reassuring each other that they do not need or want extrafamilial contacts - that the family is self-sufficient. The rigid family often has many secrets and taboos, which are quite binding, and which serve to safeguard the family system. Enmeshment clouds the boundaries and roles of family members. Parent/child relationships may be symbiotic, with separation and individuation issues very confused. The driving force seems to be extreme insecurity and codependency. Family members fear abandonment and believe changes and disclosures will literally tear the family apart.

In these families, Lankester and Meyer (1986) describe "almost no overt expression of affection" (p. 148). These homes are often filled with anxiety, and intrusion from outside threatens to send everything flying out of control. The parents impose rigid controls at home in an effort to hold everyone together because they feel helpless in relationships outside the family.

The Chaotic/Disengaged Family. The chaotic/disengaged family often experiences chronic dysfunctions and perpetual crises (Ryan, 1991). The chaotic qualities of the family are often related to extreme immaturity as well as poor life skills. Parents set an example of acting-out behaviors that are reflected in the children's own dysfuctional conduct. These families often lack attachments, and family members appear very unconnected. Affectional relationships tend to be shallow and indiscriminate, placing members at risk for dangerous and exploitive encounters outside the family as well. Supervision is often poor, and there is little expectation of order or control.

In describing this type of family, Lankester and Meyer (1986) point out: "Generational boundaries and members' personal space are not respected...intrusiveness and lack of privacy are the norm. . . . parents are grossly dysfunctional...(the child) is thrust into the role of parent. . . inappropriate modeling. . . no negative sanctions" (p.148).

In a chaotic or disengaged family, the sexual offense committed by the juvenile may represent an attempt to "connect" in a relationship that is perceived as controllable. Ritualization

may produce a structure in the abusive relationship that is reassuring to the young perpetrator, and the secrecy may be perceived as a welcome boundary around the offender.

Empirical Research. While only a limited number of studies have used reliable measures to assess adaptability and cohesion in families with juvenile sex offenders, studies have been conducted to address these variables within families of more general troubled adolescents (Bischof, et al., 1992). For example, assessing adolescents in outpatient treatment and prevention programs, adolescent substance abusers (n=148) and their parents (mothers = 135 and fathers = 120) reported their perceptions of their families using FACES-III (Volk, Edwards, Lewis, & Sprenkle, 1989). These families were found to be far more disengaged than nonproblem families, while on measures of adaptability, substance-abusing adolescence saw their families as slightly more rigid than nonproblem families. Conversely, mothers of substance abusers indicated that their families were slightly more chaotic than nonproblem families. In a study of juveniles referred to juvenile court intake (n = 40), McGaha and Fournier (1988) found that family adaptability and cohesion were related to the type of offenses committed by the juvenile. For instance, extreme families, those who scored in the extreme range on both measures of adaptability and cohesion, tended to commit more violent crimes or status offenses. Balanced families (moderate on both measures) and midrange families (moderate in only one measure) were more likely to commit property crimes.

After an extensive review of the current literature on adolescent sexual offenders, only four published studies were found that addressed adaptability and cohesion of families of adolescent sexual offenders. Each of these studies used FACES-III to measure adaptability and cohesion. Bera (1985) compared adolescent sexual offenders (n = 51) who had committed offenses of various levels of severity to non-problem adolescents. Bera found no significant difference between these two groups of families. Furthermore, no differences were found in the family system of mild (few if any violent offenses) versus severe (many violent offenses) adolescent sexual offenders.

While Bera only utilized the adolescent's perception of his family system, Smith and Monastersky (1987) gathered viewpoints from adolescent sexual offenders (n = 66), their mothers (n = 71) and their fathers (n = 51). This sample included adolescents treated in an outpatient program, a majority of whom had committed fairly nonaggressive offenses. He found that the adolescent sexual offender families were more likely than the general population to be characterized as rigid in response to change, an indication of low adaptability, and they were also found to be emotionally disengaged, an indication of low cohesiveness. The degree of violence of the offense was found to be affiliated with the family system. The more rigid and disengaged the family (according to parent perception) the more violent the offense. These findings coincide with McGaha and Fournier's (1988) data which indicated that the level of rigidity and disengagement in the family system and the seriousness of the offense within the general juvenile delinquent population were correlated.

Sefarbi (1990) also evaluated adaptability and cohesion for adolescent sexual offenders using FACES-III. The adolescent sexual offenders which comprised Sefarbi's sample included offenders who denied their offense (n = 5) and those who admitted to their offense (n = 5). The "deniers" tended to be in enmeshed family systems, while "admitters" were in disengaged family systems. However, the lack of subjects in Sefarbi sample makes the interpretation of results problematic.

The most extensive study to date, which examines the family environment of adolescent sexual offenders, was performed by Bischof, Stith and Wilson (1995). Bischof et al. (1995) compared perceptions of adaptability and cohesion levels of male adolescent sexual offenders (n = 37), male juvenile delinquents who had committed violent nonsexual offenses (n = 24), and male juvenile delinquents who had committed nonviolent nonsexual offenses (n = 40). There were no significant differences among the three groups on family adaptability. However, there were differences found in perceived levels of cohesion. Adolescent sexual offenders perceived their families as having higher levels of emotional bonding among family members than did

either violent or nonviolent delinquents. While the mean scores of the four groups differed significantly on levels of cohesion, all the scores fell within the disengaged level, indicating that adolescents in all the groups perceived their families as having low emotional bonding, closed internal boundaries, rigid generational boundaries, and a general sense of separateness (Bischof, et al., 1995). Adolescent sexual offenders see their families as more cohesive than do other delinquents, but still as disengaged, the extreme low level of cohesion. The primacy of low family cohesiveness for families of adolescent sexual offenders in Bischof's study conflicts with clinical impressions (Knopp, 1982) that many of these families are enmeshed. The lack of enmeshed families of adolescent sexual offenders in this study could be attributed to several factors. First, problems inherent in the FACES-III instrument may not have allowed the study to identify enmeshed families. That is, the instrument may be more sensitive to identifying disengaged families, rather than enmeshed ones. There is considerable evidence that FACES-III is a linear measure (Olson, 1991). Therefore, high scores on cohesion and adaptability are found to be related to more functional family relationships and low scores on cohesion and adaptability only measuring one continuum of the extreme family types (Olson, 1991). Second, only the adolescent's perception was assessed in this study. Adolescents tend to view their family with negativism and tend to discern their families as more disengaged than do other family members (Olson et al., 1983). The third and final factor that could explain the inconsistency between clinical impressions and family members' experience of their family is the vantage point, either from inside the family or as an outsider looking in (Olson, 1977). Clinical impressions are outsiders' perspectives. Clinicians see many families of adolescent sexual offenders as enmeshed, with diffused internal boundaries, and closed external boundaries (Knopp, 1982). Family members, however, perceive their family from the inside. This standpoint results in a different view. Hence, they see their families and the relationships therein as less cohesive and more separated.

Several limitations within Bischof et al. (1992) should be noted. First participants in their study were voluntary and self-selected, and therefore are not necessarily representative of the entire population of adolescent sexual offenders. In addition information in this study was obtained by adolescent retrospective self-report. Participants were asked to report on conditions at the time of their offense. In some cases, long periods of time had passed since the offense, inviting the possibility of inaccurate recall or prior family conditions. Each of these limitations may have affected the results obtained.

While several variables within the primary care environment of an adolescent sex offender may allow or support the development of sexual deviance, a thorough examination of each of these variables is beyond the scope of this paper. In an attempt to unify the innumerable conceptualizations of family theorists Olson, Russell, and Sprenkle (1983) clustered more than 50 concepts from the family therapy and family research literature. They postulated that three dimensions of family behavior could accommodate for the concepts presented in the research literature. These dimensions included adaptability, cohesion, and communication. Therefore this project will explore the relationship between adaptability, cohesion and communication and deviant adolescent sexual behavior. However, only certain aspects of cohesion and adaptability will be examined. The researcher of the current study is interested in examining the sexual nature of the primary care environment of adolescent sexual offenders, therefore only those aspects of cohesion and adaptability that directly relate to sexual issues will be assessed. In accordance with this goal, the aspect of cohesion that will be assessed in this project are the sexual boundaries that exist within the primary care environment. Aspects of adaptability that have been chosen to be examined include family sexual rules, and family sexual roles. Both direct and indirect forms of communication between the parent and the adolescent concerning sexual issues will also be examined. Each of these issues also concentrate on the sexual nature of the primary care environment. A better understanding of the sexual nature of the primary care environment will be gained by examining each of these issues.

Violence in the Primary Care Environment

A critical aspect of the adolescent sexual offender's primary care environment that has been investigated is the high rate of physical and sexual violence between parents or parental figures witnessed by the adolescent (Haapasalo & Hamalainen, 1996; Mio, Nanjundappa, Verleur, & Dobkin de Rios, 1986; Smith, 1988). Studies often suggest that a history of witnessing family violence plays a contributing role in the life histories of adolescent sexual offenders. There is evidence from controlled studies that support the notion that the witnessing of physical and sexual violence in the primary care environment is correlated with deviant adolescent sexual behavior. By counting reported incidents of intrafamily violence or cases where courts intervened in families due to neglect, Van Ness (1984) found that twelve rapists (41%) reported histories of witnessing familial physical abuse, compared with only 15% (n = 4) of a matched group of delinquents. Similarly, Lewis, Shanok, and Pincus (1981) directly tested the link between family violence and sexual offending and reported that 79% of the juvenile sexual offenders in their sample (n = 17) had observed violence within the family, as opposed to only 20% of the nonviolent delinquent comparison group. Spaccarelli, Bowden, Coatsworth, and Kim (1997) also found clear evidence that sexual aggression is associated with exposure to serious physical abuse and with serious domestic violence. Sexually aggressive adolescents in their sample (n = 210) were more than twice as likely than controls to have been exposed to serious physical abuse (43.6% to 20.8%) and more than three times as likely to have been exposed to weapons' violence between adults in their household (32.7% to 9.4%). The severity of the sexual offenses committed by adolescents also has been found to vary as a function of degree of violence directed toward the offenders' mother (Smith, 1988). This pattern of findings suggests that exposure to physical aggression may operate as a generalized risk factor for the commission of sexually aggressive acts (Spaccarelli et al., 1997).

The results of these studies provide clear evidence that sexual aggression is associated with exposure to domestic violence. However, rates of physical abuse and weapons' violence are

also elevated among violent, nonsexual offenders (Spaccarelli et al., 1997). This pattern of findings suggests that exposure to physical aggression may operate as a generalized risk factor for the commission of different types of violent acts, including sexual aggression.

Physical aggression between family members provides a likely model for the learning of aggressive behavior. Children learn behavior, at least in part, by imitating someone else's behavior (Bandura, 1973; Feshbach, 1980). Early laboratory studies demonstrated that children imitated the behavior of aggressive models in experimental situations (Bandura, 1973; Bandura, Ross & Ross, 1963). Likewise, as mentioned previously many juvenile violent offenders reported observing their parents or parental figures engage in physical violence and also reported being the recipients of physical abuse and neglect (Davis & Leitenberg, 1987; Smith, 1988; Spaccarelli et al., 1997; Van Ness, 1984). According to this view, adolescent sexual offenders learn to be violent by being a participant in a violent primary care environment.

In summary, research has indicated that many adolescents who display deviant sexual behavior were raised in rigid/enmeshed homes or chaotic/disengaged homes and that they often witness violence between parental figures. However, the current research literature does not connote why these adolescents opt for acting out sexually. The research literature concerning rigid/enmeshed and chaotic/disengaged family systems indicated that children raised in such an environment display various forms of troubling behavior. Therefore, the question that remains unanswered by the current literature is why certain adolescents nurtured in unbalanced primary care systems select sexual misconduct as their means of rebellion.

Likewise, a question that remains unanswered is how violent environments influence the adolescent to commit sexual offenses. Davis and Leitenberg (1987) offer an explanation to this quandary. They claim that when physical aggression and marital violence are modeled, the adolescent simply learns that this is acceptable behavior no matter what the situation. While this explanation offers insight as to why adolescents, who have witnessed or been victims of physical abuse, act out aggressively it does not explain why these adolescents act out in sexually

aggressive ways. It is proposed that in both cases it is the sexual nature of the primary care environment which holds the answer to these questions.

Adolescent sexual offenders have typically been shown to be overly sexualized (Smith & Israel, 1987). Whether it be through previous sexual trauma (Ramussen et al., 1992), lack of sexual boundaries (Cummingham & MacFarlane, 1991; 1996), exposure to parental sexual behavior (Smith & Israel, 1987), or exposure to explicitly sexual material (Becker & Stein, 1991) adolescent sexual offenders have been recognized as an over sexualized population. It is hypothesized that the sexual nature of the primary care environment acts as a moderating variable between unbalanced adaptability and unbalanced cohesion and deviant adolescent sexual behavior. Likewise, it is felt that the sexual nature of the primary care environment acts as a moderating variable between a violent primary care environment and deviant adolescent behavior. While exposure to physical violence may influence aggressive reactions in the adolescent, it is felt that the adolescent's past sexual abuse and the sexualized nature of the primary care environment provides an explanation as to why these juveniles chose to engage in sexually aggressive acts.

The Sexual Nature of the Primary Care Environment

One variable that is believed to be fundamentally different in the primary care environment of the juvenile sexual offender as opposed to other violent offenders is the sexual nature of the primary care environment (Smith & Israel, 1987). Although adolescents who display deviant sexual behavior may come from a broad range of primary care environments, Johnson (1993) reports that children who act sexually aggressive are generally raised in one of eight types of primary care environments. Johnson classifies five of these environments as overly or improperly sexualized and three are classified as under sexualized environments. Johnson (1993) indicates that while the majority of adolescent sexual offenders have been found to reside in overly or improperly sexualized environments, there are those that were nurtured in under sexualized environments. Each of these environments will be described in order to illustrate the

primary care environments, which are typical of adolescent sexual offenders. Each of the overly or improperly sexualized environments will first be depicted. Following these descriptions, the primary care environments, which are considered to be under sexualized, will be described.

Overly or Improperly Sexualized Primary Care Environments. Johnson (1993) labels the first of these overly or improperly sexualized primary care environments as sexually and emotionally needy homes. Children in these families are used to meet the emotional, physical, and sexual needs of parents. The parents may use their children as replacements for adult partners until adults can be found to fill this role. Sexual boundaries among family members are not respected and anger and aggression are common.

The next sexualized environment is described as homes where sex is an exchange commodity and is characterized by adults using sex as a way to gain material possessions (Johnson, 1993). Sometimes children are engaged in the exchange process. Alcohol, drug abuse, and illegal activities are common, as are violence and physical aggression.

The third type of overly sexualized environment is described as conducive to sexually aggressive behaviors is called sexually abusive homes (Johnson, 1993). Here, children are molested by one or both parents, or in some cases, the perpetrator is an extended family member. The non-offending parent may not know about the sexual abuse or may do nothing to stop it. Alcohol and drug abuse often take place in this type of primary care environment. Bribes and threats of physical aggression may be used to ensure silence.

In discussing the dynamics of sexually abusive families, Gil (1993) states that years of practice have led her to conclude that there are two primary types of abusive families: overtly abusive families and covertly abusive families. Gil (1993) defines overtly abusive families as those that literally engage in abusive behaviors. In contrast, covertly abusive families create a sexualized atmosphere in which inappropriate abusive attitudes are communicated. These families do not engage in corresponding abusive behaviors. That is, the families only create a climate or atmosphere that sends the juvenile the message that the abuse "could" happen at any

time. In summary, the focus of attention in overtly abusive families is on behaviors, and in covertly abusive families it is on cognitions.

Previous research has shown that adolescents who display deviant sexual behavior are likely to come from families in which they were victims of multiple types of abuse. Gil (1993) suggests that families who perpetrate either physical or sexual abuse are more similar than different. According to Gil (1993), both sexually and physically abusive families exhibit low self-esteem, impulsivity, and low frustration levels. They reflect an inability to identify or meet the needs of family members and lack problem solving skills. They also demonstrate communication deficits and exhibit feelings of helplessness and hopelessness (Gil, 1993). Social isolation among family members and the community is common. Gil notes that the pain, agony, stress, isolation, feelings of despair, and substance abuse found in overtly abusive families may manifest themselves in sexually or physically abusive behaviors or both. Other researchers have reported similar findings (Friedrich, 1990).

Gil (1993) provides insights into why sexually aggressive children become progressively angry and frustrated. Children in overtly abusive homes come to perceive the abuse he or she is receiving as unfair but inescapable. Such perceptions often lead to the development of anger and frustration. Behaviorally, these emotions can be manifested in conduct or oppositional disorders or both. Both of these disorders are reportedly associated with juveniles who display deviant sexual behavior (Gil, 1993). Because many sexually aggressive children are victims of both physical and sexual abuse, this abuse combination provides insight into how aggressive and sexual acts may get linked together.

Covert abuse operates at the cognitive rather than the behavioral level (Gil, 1993). Given this, the family's specific underlying problems are more difficult to detect than problems that are overtly manifested (Gil, 1993). Covert abuse seems to be a complex process whereby parents transmit to a child, consciously or unconsciously, their own unresolved problems, frustrations, or desires. However, the child does not let the feelings remain at the cognitive level. Instead, the

child overtly performs the acts the parent wants to engage in but restrains himself or herself from doing. In cases such as this, triangulation occurs as the child becomes the vehicle through which the parent meets a need or is able to vicariously experience, through the child's behavior, an act that the parent wants to engage in but cannot bring himself or herself to perform (Gil, 1993). Gil (1993) has found that covert abuse can be as damaging to juveniles as overt abuse.

In the fourth overly or improperly sexualized primary care environment described by Johnson (1993), multigenerational sexually abusive homes, sexual abuse may occur simultaneously in several generations across the nuclear and extended family, representing a "cycle of abuse." Powerful family members sexually abuse those who are less powerful, and emotional and physical force are commonly used to gain compliance.

Johnson (1993) also indicates that several juvenile sexual offenders are nurtured in what he labels sexually overwhelming homes. Displays of overt sexual behavior and pornographic material are common in these homes and they are characterized by caregiver stimulation of a sexual climate within the home, such as a parental figures having a sexual pathology or a child viewing sexual interactions between parental figures (Becker, 1998). In this type of environment, males are dominant over females and family emotions are changeable and explosive (Johnson, 1993).

Several studies have indicated that adolescent sexual offenders are often exposed to sexual activity between their parents or one parent and another party. In a study of perpetrators of sibling incest, Smith and Israel (1987) found that 48% of their sample had observed sexual activity between their parents ranging from fondling to intercourse. Pertaining to sexual messages given by parents, 40% of the mothers qualified as seductive mothers. The seductive mothers were openly flirtatious and provocative with their sons. Some of these mothers enlisted their sons as confidantes regarding their sexual exploits. These mothers were also found to be overly involved with their children's physical development and sexual maturation and often exhibited obscene interest in their sexual relationship with peers.

Smith and Israel (1987) noted that the sexual boundaries in these sexualized homes were often loose and inconsequential. Sexual boundaries in these households were described as quite flimsy. Such environments have caregivers who encourage provocative sex play, are not opposed and even encourage nudity, and often include adolescents in sexually teasing circumstances.

Barbaree, Marshall, and Husdon (1993) have also found that adolescent sexual offenders witness and experience violent attitudes toward sexuality. Barbaree et al., (1993) suggested that sexually assaultive behavior in juveniles is related to fathers' attitude toward sexual aggression and their sexually aggressive behaviors. Similarly, White and Shuntich (1990) found significant correlations between college men's self-reported sexually aggressive behavior and reports of their fathers kissing, fondling, and forcing sexual activity with their mothers against their mothers' wishes.

The adolescents living in this type of primary care environment also reported exposure to pornography and/or sexually explicit material. Materials available to these juveniles have been reported to include popular music, album covers, and posters that are permeated with sexual messages and images, many of which glorify incest, rape, sexual violence, and sadomasochism (Ryan, 1991). Television is another source for sexual messages. Adolescent sexual offenders have also reported exposure to hard core pornography. It is not unusual for parents of adolescent sexual offenders to neglect to monitor their adolescent's access to sexually explicit materials in their own home.

Under Sexualized Primary Care Environments. Johnson (1993) listed three primary care environments of adolescent sexual offenders that he considers under sexualized. The first of these primary care environments Johnson refers to as sexually neutral homes. In these environments sex and sexuality are not denigrated but neither are they discussed. In these environments, there is ambivalence regarding sexual issues related to sex and sexuality. Conversations regarding sexual issues are not held and physical affection is limited.

Sexually repressed homes are the second type of under sexualized primary care environments described by Johnson (1993). In sexually repressed homes, sex is considered private and sexuality is not displayed. Hence, children are not educated about issues related to sex and sexuality. These children also do not witness parents displaying sexual behavior. In this type of environment, children learn early that anything having to do with sex is a taboo topic.

The third type of under sexualized primary care environment is called "sex is dirty" (Johnson, 1993). In these types of environments, sex is considered disgusting and is only advocated for the purpose of procreation. Sex and sexuality are not considered positive, healthy, or natural. Children's attempts to learn about sex or engage in sex play are severely repressed and often punished (Johnson, 1993). Parents use anger, intimidation, or physical force to curtail interest in the topic.

Early sexual experience, such as the eight just listed, have been found to be predictive of sexual aggression (Koss & Dinero, 1988; White & Humphery, 1990). Although adolescents who display deviant sexual behaviors may come from a broad range of primary care environments, Johnson (1993) reports that these adolescents typically come from over and/or under sexualized environments. Early sexual experiences may shape a young man's notion of normal sex. Adolescent sexual offenders frequently describe some historical events that encompass distressing or incomprehensible sexual experiences. Reports of exposure to sexual behaviors on the part of other family members, poor sexual boundaries in the home, excessive nudity, parental sexual dysfunction, sexualized interactions with family members, and/or premature exposure to explicit and overstimulating sexual information is not uncommon in this population (Ryan & Lane, 1991). Adolescent sexual offenders often use such familiar behavior as a justification for their own deviant sexual behaviors. Many of these offenders refer to such experiences and learning when asked to account for their deviant sexual behavior (Ryan & Lane, 1991). It appears that such sexualized events influence the youthful offender's sexual behavior.

It is important to note that not every child exposed to a sexualized primary care environment will engage in deviant sexual behavior. A factor, which appears to strengthen the relationship between such exposure and deviant adolescent sexual behavior, is the violent nature of the home. Friedrich and Luecke (1988) contend that it is important to understand the process of how aggressive and sexual acts get linked. They propose that adolescent sex offenders already have problems related to aggressive behaviors and that inappropriate sexual experiences serve to add a sexual outlet to the existing aggressive behavior. A possible explanation for an adolescent's problems with aggressive behavior could be that they are simply modeling aggressive behavior demonstrated in the primary care environment (Bandura, 1963).

While many researchers speculate about the sexual nature of the primary care environment of adolescent sexual offenders few have attempted to validate such speculations through research efforts. The primary goal of the current project is to address this gap in the literature. Service providers participating in this research project will be asked to discuss their perception of various aspects of the sexual nature of the primary care environment of adolescent sexual offenders. These aspects include the sexual education that took place in this environment, the availability of sexually explicit materials, sexual boundaries within this environment, family roles and rules concerning sexual issues, sexual violence that took place within the home, and parental sexual behavior. Finally, given the assumption that a violent primary care environment will strengthen the relationship between the sexual nature of the home and deviant adolescent sexual behavior these service providers will also be questioned concerning their perception of the violent nature of the primary care environment. This information will provide a greater understanding of sexual variables present in the primary care environment of adolescent sexual offenders. This new understanding will aid in the development of an instrument that adequately assesses the sexual nature of the primary care environment of adolescents who display deviant sexual behaviors.

CHAPTER III

METHODOLOGY OR PROCEDURES

The main goal of the current project is to take the necessary initial steps for the development of an instrument to assess the sexual nature of the primary care environment of juvenile sex offenders. The development of an assessment instrument is a multi-step process (Spector, 1992). First, before an instrument can be developed, the construct of interest must be clearly defined. Defining the construct of interest is one of the most vital steps in the development of a instrument. The construct of interest in the current project is the sexual nature of the primary care environments of juvenile sex offenders. The current literature concerning juvenile sexual offenders provides very little information on the sexual nature of the primary care environment. In order to provide the necessary information for the future development of an instrument that adequately evaluates the sexual variables present in the home of children who display deviant sexual behaviors, interviews with individuals who provide counseling and/or mental health services to these children were utilized in this study. Information collected during these interviews provides a greater understanding of sexual variables present in the primary care environment of adolescent sexual offenders. This new understanding aids in defining the construct of interest and will prove beneficial in the development of an instrument that adequately assesses the sexual nature of the primary care environment of children who display deviant sexual behaviors.

Service providers who provide counseling and/or mental health services to adolescent sexual offenders took part in interviews to discuss how they perceive the sexual nature of the primary care environment of these adolescents. These particular individuals were chosen due to the fact that they frequently interact with juvenile sexual offenders. It is felt that such interactions

and specialized training and/or education received by these individuals have afforded these service providers with extensive knowledge concerning these adolescents' backgrounds. Inasmuch as these individuals have acquired such knowledge, their input proved beneficial in providing information concerning the sexual nature of the primary care environment of juveniles who display deviant sexual behaviors.

A goal of this research project is to identify the key variables that contribute to the sexual nature of the primary care environment of adolescents who have been identified as taking part in deviant sexual activity. The information gathered through qualitative efforts provided information on the sexual nature of the primary care environment and therefore will aid in accomplishing this primary goal. The identification of these key variables will provide the first steps necessary for the development of an assessment to measure the sexual nature of the primary care environment of adolescent sexual offenders. While it is not a goal of the current project to develop such an instrument, it is hoped that the information gathered through qualitative efforts will provide a foundation for the future development of such an instrument.

Rationale for Qualitative Research Design

There are several reasons why one might elect to utilize qualitative methods as the primary tool for data collection. Creswell (1998) asserts that there are numerous reasons to undertake a qualitative study. Several of these reasons lead to the decision to employ qualitative methods in the current study. First, qualitative methods were selected due to the nature of the question being examined in the current project. Creswell (1998) asserts that when the research question starts with a how or a what, so that initial forays into the topic describe what is going on, it is appropriate to implement a qualitative design. The current project attempts to answer such a question. The current question at hand is what is the sexual nature of the primary care environment of adolescent sexual offenders? The fact that this question seeks to describe what is going on sexually in the primary care environment of adolescent sexual offenders it seemed appropriate to utilize a qualitative research design for the current project. Creswell (1998) also

recommends using qualitative methods when one is exploring a new topic and attempting to provide a detailed view of this topic. Each of these reasons provided gave further validation for the selection of a qualitative research design for the current project. In order to elucidate the rationale behind the selection of a qualitative research design the relation of each of these issues to the current project will be addressed.

Nature of the Research Question- A Phenomenological Approach. Creswell (1998) asserts that the very nature of the question being examined by the research may lend favor to a qualitative research design. Creswell (1998) asserts that when the researcher is examining what factors led to a particular phenomenon, it is appropriate to utilize qualitative methods. The current study does just that in examining the factors that comprise the sexual nature of the primary care environment of adolescent sexual offenders. The ability to ask questions that examine the relationship between variables, which would require a quantitative approach, is not yet possible due to the sparse information that exists concerning this topic. In order to be able to examine such questions as, "What is the relationship between sexual education and adolescent deviant sexual behavior," we must first examine and explain the sexual education that takes place within the home environment of such adolescent. The understanding that comes through such qualitative examinations is essential in order to have a starting point on which to base the formulation of quantitative inquiries.

Given the fact that the current study attempts to explore the phenomenon surrounding the sexual nature of the primary care environment of adolescent sexual offenders, the philosophical tradition being implemented is that of phenomenology. According to Patton (2002), "phenomenology asks for the very nature of a phenomenon, for that which makes something what it is and without which it could not be what it is" (p. 104). This type of inquiry requires a methodology that can thoroughly capture and describe how the selected subjects experience the phenomenon of interest, how they perceive it, describe it, feel about it, remember it, and make sense of it (Patton, 2002). This particular philosophical tradition also relates well to systems

theory in that one is trying to explain what is truly transpiring in the family environment. To gather such data, Patton (2002) recommends undertaking in-depth interviews with people who have directly experienced the phenomenon of interest. In order to gain information concerning the phenomenon of interest, adolescent sexual offenders would be the ideal subjects. However, due to the fact that these are adolescents who have committed criminal offenses, all of which may not have been reported to the proper authorities, they are somewhat of a restricted population. Therefore, it was not possible to obtain such a sample for the current project. Therefore, the decision was made to interview service providers who render counseling and/or mental health services to this population. Although some limitations arise by collecting data from a secondhand source, it was felt that service providers' insights into the sexual nature of the primary care environment of adolescent sexual offenders, given their frequent interaction with these adolescents and their objective standpoint, would prove beneficial in describing the phenomenon of interest.

Descriptive Research. The purpose of descriptive research is to systematically describe a situation or area of interest both factually and accurately (Isaac & Michael, 1997). The data collected through descriptive research does not necessarily seek to explain relationships, test hypotheses, or make predictions. It is literally used to describe a situation or phenomena. Descriptive research techniques will be implemented in this study to facilitate an understanding of the sexual factors present in the primary care environment of juvenile sex offenders.

Limited information exists concerning the primary care environment of sexually deviant adolescents. In order to obtain information concerning the sexual nature of the primary care environment, qualitative methods were implemented in this study. In order to adequately describe the sexual nature of the primary care environment of juvenile sexual offenders and gain the initial information necessary to develop an adequate measure to assess this phenomenon, qualitative methods in the form of interviews were utilized in this study. Factors such as exposure to demeaning behavior associated with the act or topic of sex, a lack of appreciation for sexual

boundaries, and exposure to sexually explicit behavior and/or materials were assessed and described. Such a description will provide insight into the sexual nature of the primary care environment of the juvenile sex offender.

Exploratory Research. This project is also exploratory in nature. Qualitative research is often conducted to explore a topic and/or provide a basic understanding of the topic. Qualitative methods are appropriate in exploratory research for a number of reasons. This type of research is typical when a researcher is examining a new interest or when the subject of study is itself relatively new and unstudied (Creswell, 1998). Minkler and Roe (1993) note that in exploratory research it is advantageous to use qualitative methods, for they are able to capture the experiences and give voice to the stories of a previously unknown or unexplored group. Patton (1987) corroborates this point by stating that qualitative methods are about ascertaining quality information concerning groups of individuals for which relatively little information is available. He further states, "Quality has to do with nuance, with detail, with the subtle and unique things that make a difference beyond the points on a standardized scale" (p. 86). These very reasons made it essential to employ qualitative methods when assessing the primary care environment of sexually deviant children. Given the nature of the current research, it was essential to employ qualitative methods in order to break new ground and yield new insight into the research topic.

Although sexually deviant children have recently gained attention in the research field, limited information has been gathered concerning the primary care environment. While factors such as neglect, physical violence, and communication styles have been examined, little attention has been given to the sexual nature of the primary care environment. Qualitative methods were used in the current project in order to address this gap in the literature. Qualitative methods aided in providing a detailed description of the sexual nature of the primary care environment of children who display problematic sexual behavior. This technique allowed subjects participating in this study the opportunity to explain in detail his/her perceptions of the sexual nature of the primary care environment of adolescent sexual offenders. The goal of the current project was to

explore this arena. By documenting this sexual behavior a clearer understanding of models present in the primary care environment of juvenile sex offenders was acquired. In addition, information provided by this exploratory research may be assessed by future researchers to determine if such exposure significantly contributes to the sexually delinquent behavior of juvenile sex offenders.

Interviews

An interview is usually defined simply as a conversation with a purpose (Berg, 2001). Specifically the purpose is to gather information. The researcher explores general topics to help uncover the participant's perspective. The fundamental assumption in interviewing is that the participant's perspective on the phenomena of interest should unfold as the participant views it (Marshall & Rossman, 1995).

The current study employed semi-standardized interviews. This type of interviewing involves the implementation of a number of predetermined questions on a specific topic. These questions are ordinarily asked of each interviewee in a systematic and consistent order, however the interviewer is allowed the freedom to probe far beyond the prepared and standardized questions (Berg, 2001). This freedom allowed the researcher to fully examine the areas of interest of the current study. In addition, it allowed the investigator the liberty to explore unforeseen issues that may present themselves during the interview process.

Interview Questions. Several topics were covered during interviews. Topics that were broached included: (a) sexual education that took place in the primary care environment; (b) sexual boundaries; (c) sexually explicit behaviors demonstrated in the primary care environment; (d) sexually explicit materials available in the home; (e) family roles and rules concerning sexual issues; and (f) exposure to physical and sexual violence.

In order to draw out the most complete story about the topics under investigation, four types or styles of questions were included in the repertoire of inquiries implemented in this study.

These types include: essential questions, extra questions, throw-away questions, and probing questions (Berg, 2001).

Essential questions exclusively concern the central focus of the study. Essential questions in the current study were geared toward eliciting information concerning the sexual nature of the primary care environment of adolescent sexual offenders. For example, service providers were asked the following question in order to elicit information concerning the type of formal sexual education that took place in the primary care environment of these adolescents. "Describe for me the type of formal or direct sexual education these adolescents received while in their primary care environment."

Extra questions are those questions roughly equivalent to certain essential ones but worded slightly differently (Berg, 2001). These questions were included in order to check the reliability of responses and to assess the possible influence a change of wording might have on responses. The interviewer had the liberty to restate any questions that seemed confusing to the service providers taking part in interviews.

Throw-away questions were utilized at the beginning of the interview. These questions were used to confirm demographic information and to develop rapport between the interviewer and subjects. An example of a throw-away question is the inquiry made of service providers concerning the length of time they've worked with adolescent sexual offenders. Throw-away questions were also used, at the discretion of the interviewer, to set the interviewing pace and to allow for a change of focus during discussions. Throw-away questions, as the term implies, are not incidental for gathering important information being examined in the study. However, these questions are invaluable for drawing out a complete story from a respondent (Berg, 2001).

Berg (2001) also asserts that throw-away questions may serve the additional purpose of "cooling out" the subject. On these occasions, a throw-away question may be tossed into questioning whenever subjects indicate to the interviewer that a sensitive area has been broached. In these types of situations the interviewer may say something to the effect of, "Oh by the way,

before we go any further, I forgot to ask you. . ." Given the sensitive nature of the topic at hand, it was felt that throw-away questions proved beneficial in this regard. By changing the line of questions, even for only a few moments, the investigator moved away from the sensitive area and gives the interviewee a moment to regain their composure (Berg, 2001).

Probing questions, or simply probes, provided the interviewer with a way to draw out a more complete story from the service provider. Probes ask subjects to elaborate on what they have already answered in response to a given question. An example of a probe would be, "Could you tell me more about that?" Due to the limited amount of information available on the sexual nature of the primary care environment of juvenile sex offenders, probing questions proved invaluable in this study. Probing questions allowed the interviewer the liberty to explore unforeseen sexual issues that presented themselves during the discussion.

Sample Selection

Purposive sampling was utilized in this research project. While there are some limitations with this type of sampling, it was decided that this form of sampling would provide the most efficient method for obtaining subjects deemed most appropriate for the type of investigation being undertaken in this study. The subjects required for this study are service providers who provide adolescent sexual offenders with counseling and/or mental health services. These particular individuals were chosen due to the fact that they frequently interact with juvenile sexual offenders and have extensive knowledge concerning these adolescents' backgrounds. Inasmuch as these individuals have acquired such knowledge, their input was deemed beneficial in gaining information concerning the sexual nature of the primary care environment of juveniles who display deviant sexual behaviors.

In order to secure such a group, a directory of service providers for juvenile sexual offenders in a midwestern state was consulted. This directory was compiled by The Center on Child Abuse and Neglect and was sponsored by The Interdisciplinary Council on the Prevention of Juvenile Sex Offenders. This directory lists sixty-eight individuals within this midwestern state

who provide services for juvenile sexual offenders. Of these sixty-eight individuals, sixty have been licensed to provide counseling and/or mental health services to individuals within this midwestern state. The following represents the types of licenses received by these individuals: Licensed Psychologist, Licensed Marital and Family Therapist, Licensed Clinical Social Worker, and Licensed Professional Counselor. Each of these individuals was identified as having at least two years of experience treating juvenile sexual offenders. Their range of experience is between two and plus ten years.

A list of service providers who are located within the two major cities of this midwestern state and the surrounding areas, who have been licensed to provide mental health services and have had at least two years of experience working with adolescent sexual offenders was made from this directory. This list included forty-seven individuals. A random sample of twenty-five individuals was selected from this list. Each of these individuals was contacted by phone and solicited to participate in this study (See Appendix A for oral solicitation script). Each individual who agreed to participate was interviewed face-to-face. In total sixteen different facilities were visited and twenty-one individuals participated in the current study. These randomly selected individuals had similar characteristics as the sampling population and therefore are presumed to accurately represent the population of service providers that are listed in the directory of service providers for juvenile sex offenders.

Measurements

Demographic Information. Subjects participating in this study were asked to provide demographic information. The demographic questionnaire included questions pertaining to basic demographics (age, gender, etc.), questions relating to their educational background, and questions regarding their experience in working with adolescent sexual offenders. This demographic sheet took approximately 10 minutes to complete.

Interview Questions. Several topics were covered during interviews. Topics that were broached include: (a) sexual education that took place in the primary care environment; (b) sexual

boundaries; (c) sexually explicit behaviors demonstrated in the primary care environment; (d) sexually explicit materials available in the home; (e) family roles and rules concerning sexual issues; and (f) exposure to physical and sexual violence.

Procedure

In the fall of 2001, an interdisciplinary council at a midwestern university health sciences center compiled a directory that lists facilities throughout the state that provide services for juvenile sex offenders. This directory was consulted to identify individuals that render services for juvenile sex offenders. Sixty individuals from this directory, who have been licensed to provide mental health services and who has had at least two years of experience working with adolescent sexual offenders, were identified as possible participants for the current study. Following approval from the Institutional Review Board, these service providers will be contacted and asked to participate in the current study. It is assumed that approximately fifteen to twenty individuals will be interviewed for the current study. The following steps will be taken in the current project.

Before Conducting Interviews

1. In order to elicit information from service providers concerning the sexual nature of the primary care environment, questions surrounding this issue must be first developed. In reviewing the literature, it appears that several factors characterize the sexual nature of the primary care environment of the adolescent sexual offender. Primary care givers' sexual behavior, adolescent education concerning sexual matters, sexually explicit materials, and the family structure surrounding sexual issues, appear to all constitute the sexual nature of the primary care environment. Questions concerning each of these issues were formulated in order to ascertain information concerning the sexual nature of the primary care environment of adolescents who have been identified as taking part in deviant sexual behavior.
2. A group of professionals, who have experience working with adolescents, families, and mental health issues, were asked to review the questions being used to investigate the sexual

nature of adolescent sexual offenders' primary care environment. These professionals were given a list of each of the questions to be utilized during interviews and were informed of the concept of interest for each question. Suggestions for improvements made by these professionals will be taken into consideration and appropriate changes will be implemented to improve the questions being used during interviews. All changes will be documented.

3. Purposive sampling was utilized in this research project. While there are some limitations with this type of sampling, it was decided that this form of sampling would provide the most efficient method for obtaining subjects deemed most appropriate for the type of investigation being undertaken in this study. The subjects for this study are service providers who provide adolescent sexual offenders with counseling and/or mental health services. In order to secure such a group, a directory of service providers for juvenile sexual offenders in the state of Oklahoma was consulted. This directory was compiled by The Center on Child Abuse and Neglect and was sponsored by The Interdisciplinary Council on the Prevention of Juvenile Sex Offenders. This directory lists individuals within a midwestern state who provide services for juvenile sexual offenders. The majority of service providers listed in this directory have been licensed to provide counseling and/or mental health services to individuals within Oklahoma. The following represents the types of licenses received by these individuals: Licensed Psychologist, Licensed Marital and Family Therapist, Licensed Clinical Social Worker, and Licensed Professional Counselor. Each of these individuals has been identified as having a minimum of two years of experience treating juvenile sexual offenders. Their range of experience is between two and plus ten years.

4. A list of service providers located within two major cities of this midwestern state, or the surrounding areas, who have been licensed to provide mental health services and have had at least two years of experience working with adolescent sexual offenders was made from this directory. Twenty-five randomly selected individuals from this list were contacted to participate in the current study. Each of these individuals was contacted by phone and

solicited to participate in this study (See Appendix A for oral solicitation script). Twenty-one individuals were interviewed.

Procedure for Collecting Data

1. Each interview was electronically recorded. The tape recording equipment was set up in plain sight before the interview began. The importance of the recorder was mentioned at the beginning of the interview and was introduced as a tool to help capture the individual's comments.

Procedures Followed During Interviews

1. Interviews were conducted in an office type setting at the facility of each participant. The service provider and interviewer sat facing one another.
2. The primary investigator began each interview by explaining the nature of the study and clarified the rights as participants. The interviewer then gave participants the opportunity to ask questions concerning their rights.
3. Service Providers were then presented with a consent form. This form gave a brief description of the study and ensured participants that their identity would be kept confidential. Participants were informed that participation in the interview was strictly voluntary and that they had the right to refuse to participate in the study. Participants were also informed that they have the right to withdraw from the study at any time during the interview. In addition, service providers were informed that they would not face any negative consequences for refusing to participate or for early withdrawal. Consent forms also provided participants with a contact number should they feel the need to further discuss issues broached during interviews. Participants were asked to sign their name to the consent forms to indicate their willingness to participate in the study (See Appendix A).
4. Demographic information was then collected from participants. The demographic survey was a paper and pencil survey and took approximately 10 minutes to complete. Information gathered included basic demographic information and information concerning each

participants' level of experience in working with adolescent sexual offenders. The instructions written on this information sheet were explicit and complete.

5. The interviewer then began each interview by asking an "ice breaker" question. The interviewer then proceeded to ask participants questions concerning the sexual nature of the primary care environment of adolescent sexual offenders. Questions which were less obtrusive in nature were posed to participants first, followed by more forward inquiries. The interviewer had the liberty to ask probing questions to clarify any dubious issues.
6. At the end of each interview, the interviewer offered an oral summary of critical questions. At this time the interviewer allowed and encouraged participants to verify the accuracy of the summary. Service providers were encouraged to clarify any misconstrued information and were invited to make any additional comments at this time. Each interview took approximately one half-hour to forty-five minutes.
7. During each interview the interviewer listed the most important themes or ideas expressed during interviews, the most noteworthy quotes, and any unexpected or unanticipated findings.

Transcribing Interview Data

1. An individual who has been professionally trained to transcribe recorded material transcribed each of the interviews.
2. In order to help maintain the confidentiality of those service providers participating in interviews, the transcriber was asked to sign a confidentiality form. This form will prohibit the transcriber from sharing any information contained on the tapes and will prohibit this individual from making copies of the tapes or transcripts.

Data Analysis

The main goal of the current project is to take the necessary initial steps for the development of an instrument to assess the sexual nature of the primary care environment of juvenile sexual offenders. The primary steps of scale construction that will be carried out in the

current project include defining the construct of interest and transforming this information into analytically distinct segments.

Defining the Construct. The development of a scale is a multi-step process (Spector, 1992). First, before a scale can be developed, the construct of interest must be clearly and precisely defined. Defining the construct of interest, is one of the most vital steps in the development of a scale. By defining the construct of interest, one is identifying what is to be included in the measure (Spector, 1992). The construct of interest in the current project is the sexual nature of the primary care environment of adolescent sexual offenders. The current project will take the first step in developing a scale to assess this environment by defining the construct of interest.

Vogt (1999) describes a construct as something that exists theoretically but is not directly observable. A construct cannot stand alone, but only takes on meaning as more specific concepts are delineated from the general construct. The more delineated the construct, the easier it will be to write items to measure it.

Spector (1992) suggests that in delineating a construct, one may find it helpful to base the conceptual and scale development effort on work that already exists. The existing literature concerning the sexual nature of the primary care environment of adolescent sexual offenders will serve as a starting point to delineate the construct of interest. While information concerning the sexual nature of the primary care environment of the adolescent sexual offenders is sparse, researchers have made assumptions regarding this environment. These notions were utilized, in order to aid in conceptually defining the particulars of the sexual nature of the primary care environment of adolescent sexual offenders.

In order to elicit information from service providers concerning the sexual nature of the primary care environment, questions surrounding this issue must be first developed. In reviewing the literature, it appears that several factors characterize the sexual nature of the primary care environment of the adolescent sexual offender. Primary care givers' sexual behavior, adolescent

education concerning sexual matters, sexually explicit materials, and the family structure surrounding sexual issues, appear to all constitute the sexual nature of the primary care environment. Questions concerning each of these issues were formulated in order to ascertain information concerning the sexual nature of the primary care environment of adolescents who have been identified as taking part in deviant sexual behavior.

Given the fact that the literature is sparse concerning the sexual nature of the primary care environment of the adolescent sexual offender, data gathered during interviews will also be utilized to define the construct of interest. Interviews were utilized in this study to gain insight into the sexual nature of the primary care environment of juvenile sex offenders. It is foreseeable that information gathered during interviews will confirm previous untested assumptions found in the literature concerning the sexual nature of the primary care environment of the adolescent sexual offender. In addition, it is possible that unforeseen sexual issues may present themselves during interviews. If in fact such information does presents itself, it too will be utilized to conceptually define the construct of interest.

Transforming Qualitative Information. Central to an analysis of qualitative data, such as interview transcripts, is the process of placing the material into analytically distinct segments that can be examined together when drawing conclusions concerning the topic under investigation (Morgan, 1993). This process, often referred to as content analysis, was utilized in this study to analyze information collected during interviews.

An effective way to proceed with the interpretive part of the analysis of interview transcripts is to devise a large chart or table that can be referred to as an overview grid which provides a descriptive summary of the content of the interview (Morgan, 1993). Morgan (1993) asserts that such a grid would typically have topic headings on one axis and interview participants' names on the other. The cells would contain brief summaries of the content of the interviews for each individual concerning each topic. Information taken from previous literature concerning the sexual nature of the primary care environment will be used to develop topic

headings. As hitherto noted, several relevant issues concerning this type of environment have been identified in the literature. They include sexual education that took place in the primary care environment, sexual boundaries within the primary care environment, sexually explicit behaviors demonstrated in the primary care environment, sexually explicit materials available in the home, and family roles and rules concerning sexual issues. Each of these concepts will serve as a topic heading. Relevant information concerning the sexual nature of the primary care environment of adolescent sexual offenders, which would be considered beyond the scope of these concepts, may be broached during interviews. Additional topic headings concerning these issues will also be included in the overview grid.

Content analysis was utilized in this study to analyze information collected during interviews. This essentially means analyzing the core content of interview transcripts to determine reoccurring themes (Patton, 2002). As recommended by Patton (2002), several steps were taken in the current project in order to analysis transcript data.

First, the primary investigator read through all of the transcripts and made comments in the margins. This was the first step taken to organize the data into topics or themes. This allowed the investigator to examine each transcript and give titles to reoccurring pieces of information. These comments were then organized into coding categories or a classification system (See Table 44). This classification system was developed by giving each of the identified themes a shorthand code. The primary investigator then proceeded to do another reading of the transcripts in order to formally code the data in a systematic way (Patton, 2002). This coding was performed by writing the shorthand codes directly on the relevant data passages. Colored highlighting pens were also used for color coding different ideas and concepts. A final reading of the transcript was then executed in order to identify and code overriding themes and unanticipated factors.

A pivotal assumption in content analysis is that many words of the text can be classified into fewer content categories. Words, phrases, or other units of text indexed in the same category are presumed to have similar denotations. Themes were used to classify the information gathered

in interviews into fewer content categories. These themes may prove beneficial in the future development of a questionnaire to assess the sexual nature of the primary care environment of children who display deviant sexual behaviors.

Psychometric Properties

Reliability

Kerlinger and Lee (2001) state that it is possible to approach the definition of reliability in three ways. One approach asserts that a reliable measure is stable, dependable, and predictable. This definition of reliability implies that a reliable measure allows one to conclude that if we measure the same set of objects again and again with the same or comparable measuring instruments we will get the same or similar results. The second approach extends this definition by asserting that reliable measures also allow one to conclude that the measures obtained from an instrument are the "true" measures of the property being assessed. Kerlinger and Lee (2001) assert that this is a lack of distortion definition. These two approaches can be summarized in the words stability and lack of distortion. The third and final definition of reliability proposed by Kerlinger and Lee (2001) declares that reliability can be characterized as the relative absence of errors of measurement in a measuring instrument. Each of these definitions is concerned with the accuracy with which a measuring instrument measures whatever it is said to measure. As described below, steps were taken in the current study to assess the reliability of the procedures implemented when collecting data from interviews.

Interrater Reliability. Vogt (1999) defines interrater reliability as the extent to which raters judge phenomena in the same way. In order to examine interrater reliability in the current study, two individuals examined the transcripts that were produced from each interview. The primary investigator examined and coded each transcript in its entirety. A graduate student, educated in identifying themes from interviews, was asked to examine ten randomly selected transcripts. These ten randomly selected transcripts were reviewed in their entirety and colored coded by this second individual. This second investigator, while knowledgeable in reading

transcripts and assessing transcripts for predominant themes, was not familiar with the purpose of the study. By having this individual remain blind to the purpose of the study, it is felt that potential experimenter bias was held at a minimum.

In order to conclude that the identified themes were in fact reliable a third individual was asked to compare the codebook of the first reviewer with the actual coded transcripts of the second reviewer. If the themes are indeed reliable this third party should find a high level of agreement between the first and second reviewer identified themes (Weber, 1990).

Validity

The most common definition of validity is summated by the question: Are we measuring what we think we are measuring? The emphasis in this question is on what is being measured (Kerlinger & Lee, 2001). In order to be valid, the measure must measure what the research intended for it to measure. Therefore validity refers to the appropriateness, meaningfulness, and usefulness of the specific instrument. In a real sense, all questions of validity are inquiring as to whether the testing process leads to correct inferences about a specific person or specific phenomena.

Face Validity. Face validity refers to what a test appears to measure. Trained or untrained individuals examine the test and decide whether or not the test measures what it is supposed to measure (Kerlinger & Lee, 2001). In order to verify the face validity of the questions being posed to service providers concerning the sexual nature of their primary care environment of adolescent sexual offenders, eleven professionals, who have experience working with adolescents, families, and mental health issues, reviewed the questions being implemented in this project. Such a review aided in verifying the face validity of questions being posed to service providers participating in this study. Suggestions taken from this group of individuals were also utilized to make appropriate amendments to the questions which were utilized in interviews.

Content Validity. The interview approach involves conducting a number of interviews, therefore it is possible to assess the validity of the data by comparing statements within, and more

importantly, across interviews (Morgan, 1993). Twenty-one interviews were conducted with service providers of adolescent sexual offenders. Each of the transcripts, compiled from these interviews was compared. While there may be minor differences across transcripts, identifying trends and patterns of beliefs, thoughts, and attitudes should emerge. The occurrence of such patterns and trends aided in establishing validity of the data collected in the current study.

Summary

The main goal of the current project was to take the necessary initial steps for the development of an instrument to assess the sexual nature of the primary care environment of juvenile sex offenders. This is a multi-step process (Spector, 1992). The initial step of this process, defining the construct of interest, was taken in this project. Previous literature surrounding this issue was utilized to develop questions to further explore this arena with individuals who provide counseling and/or mental health services to adolescent sexual offenders. Service providers to these adolescents took part in interviews and discussed the sexual nature of the primary care environment of adolescent sexual offenders. The information gathered during these interviews helped to achieve the primary goal of this project. Such interviews allowed one to gain a clearer picture of the sexual variables present in the home of adolescents who have committed sexually deviant crimes. Many common themes were able to be identified in the interview transcripts. While several of these themes had been identified in the previous literature, additional key factors were also recognized as playing an important part in contributing to the sexual nature of the primary care environment.

CHAPTER IV

ANALYSIS AND EVALUATION

Overview

The purpose of this study was to examine the sexual nature of the primary care environment of adolescent sexual offenders, and initiating the inaugural steps for the development of an instrument to assess the sexual nature of the primary care environment of male juvenile sexual offenders. The development of an assessment instrument is a multistep process (Spector, 1992). Prior to the construction of such an instrument one must clearly define the construct of interest. The construct of interest in the current project is the sexual nature of the primary care environment of juvenile sexual offenders. The primary goal of this project is to define this construct.

In order to gain the necessary information needed to define this construct, a randomly selected sample of service providers for these adolescents were contacted and asked to participate in the current study. Individuals who agreed to take part in this study participated in semi-structured interviews and were asked questions concerning their perception of the sexual nature of the primary care environment of adolescent sexual offenders. Areas of inquiry included: (a) sexual education that took place in the primary care environment; (b) sexual boundaries; (c) sexually explicit behaviors demonstrated in the primary care environment; (d) sexually explicit materials available in the primary care environment; (e) family roles and rules concerning sexual issues; and (f) exposure to physical and sexual violence. Each of these variables was derived from previous assumptions made in the literature as possible contributing factors to the sexual nature of the primary care environment of adolescent sexual offenders.

Interview Procedures

The primary data collection strategy was the interview. Names and contact numbers for service providers participating in these interviews were obtained by utilizing a directory of service providers for juvenile sexual offenders in a midwestern state. This directory was compiled by The Center on Child Abuse and Neglect and was sponsored by The Interdisciplinary Council on the Prevention of Juvenile Sex Offenders. This directory lists sixty individuals who have been licensed to provide counseling and/or mental health services to individuals within this midwestern state. A list of service providers, who are located within the two major cities of this midwestern state and the surrounding areas, who have been licensed to provide mental health services and have had at least two years of experience working with adolescent sexual offenders was made from this directory. Twenty-five individuals were randomly selected from this list and were contacted to participate in the current study. Twenty-one individuals agreed to participate in the current study. These individuals were interviewed and the interviews were electronically recorded and transcribed. Each participant was given a number for identification purposes, and that number was used throughout this document.

All interviews were conducted in the office of the subject in question. The interview questions began with their backgrounds in working with adolescent sexual offenders, but concentrated on the subjects' perceptions of the sexual nature of the primary care environment of the sexually deviant adolescents with which they have worked. The interview protocol is attached in Appendix A. At the conclusion of each interview, participants were given a brief summary of key points alluded to during the interview and were asked at that time to make any needed clarifications. Given the exploratory nature of this study, participants were also given the opportunity to comment on important sexual variables present in the home environment that were not broached during the interview. Each interview took approximately forty-five minutes to one hour to complete.

Description of Respondents

Twenty-one individuals, who provide counseling or mental health services to adolescent sexual offenders, participated in the current study. Ten of these individuals were male and eleven were female. The average age of individuals participating in this study was forty-five, with the range of ages being between twenty-six and sixty-one. The majority of individuals interviewed were Caucasian, nineteen, and two individuals participating in the study were African-American. Information concerning these demographic factors can be found in Table 1.

The sample of individuals participating in this study were well educated. Each individual who took part in this study had obtained a bachelor's degree and had pursued higher education. Sixteen of the individuals received a Master's degree and five individuals had completed a doctoral program. These individuals obtained these degrees in various fields of study. A list of the areas in which these individuals completed their advanced degrees can be found in Table 2. In addition to their advanced degrees, all twenty-one individuals participating in this study have been licensed to provide counseling or mental health services to the general populace. The types of licenses received by these individuals can be found in Table 3.

The randomly selected sample of individuals who participated in this study had varied experience in working with adolescent sexual offenders. Their number of years in working with these adolescents ranged from two to twenty-five years, with the average time spent working with these offenders being eight years. These individuals provide their services in a number of settings including inpatient and outpatient facilities, detention centers, hospitals, and penitentiaries. Their areas of responsibilities include evaluation and treatment, therapy, casework, and clinical supervision. Table 4 highlights service provider's experience in working with adolescent sexual offenders.

The types of offenses committed by the adolescents receiving services from the subjects participating in this study are widespread. These offenses range from obscene communications to

first-degree rape. The type and frequency of offenses committed by juvenile sexual offenders who receive services from subjects taking part in this study can be found in Table 5.

Validity

Face Validity. In order to verify the face validity of the questions being posed to service providers concerning the sexual nature of their primary care environment of adolescent sexual offenders, eleven professionals, who have experience working with adolescents, families, and mental health issues, reviewed the questions being implemented in this project. These professionals reviewed these questions in sets. Each set of questions was developed to examine one particular area of the sexual nature of the primary care environment of adolescent sexual offenders. These professionals were asked to indicate on a Likert-type scale how well they felt each set of questions would elicit the desired dialogue (See Appendix A). The Likert-Type scale ranged from 1 to 4, with 1 indicating that the set of questions would do a very good job at eliciting the desired information and 4 indicating that the set of questions would not do well at eliciting the desired information. Table 6 provides the mean score and range of each set of questions.

Content Validity. Twenty-one interviews were conducted with service providers of adolescent sexual offenders. In order to assess the content validity of these interviews, each of the interview transcripts were compared. Validity was assessed by comparing statements across interviews (Morgan, 1993). While there were minor differences across transcripts, identifying trends and patterns of beliefs, thoughts, and attitudes appeared throughout the interviews (See Table 45). The occurrence of such patterns and trends aided in establishing validity of the data collected in the current study.

Reliability

Interrater Reliability. In order to examine interrater reliability in the current study, two individuals examined the transcripts that were produced from each interview. The primary investigator examined and coded each transcript in its entirety. A graduate student, educated in

identifying themes from interviews, examined ten randomly selected transcripts. These ten randomly selected transcripts were reviewed in their entirety and colored coded by this second individual. This second investigator, while knowledgeable in reading transcripts and assessing transcripts for predominant themes, was not familiar with the purpose of the study. By having this individual remain blind to the purpose of the study, it is felt that potential experimenter bias was held at a minimum.

In order to conclude that the identified themes were in fact reliable a third graduate student compared the codebook and examples of statements made by service providers that led to the identification of each theme of the first reviewer with the actual coded transcripts of the second reviewer. This third individual verified that the two raters matched on all but three of the thirty-seven identified themes (See Table 7). These exceptions included Informal Sexual Education-Parental Sexual Attitude-Promiscuous, Parental Attitude toward Sexual Explicit Materials-Encouraged and Parental Attitude toward Sexual Explicit Materials-Denial. However, given the fact that the second reviewer did not examine all of the transcripts it is possible that these themes appeared in the unexamined transcripts.

Reporting

Participants were asked to reflect and give their perceptions of the sexual nature of the primary care environment of adolescent sexual offenders in eight different areas. These areas included sexual education, sexual boundaries, sexually explicit behaviors of primary care givers, sexually explicit materials available in the primary care environment, family roles and rules concerning sexual issues, and both physical and sexual violence in the home. Please refer to Appendix A for the full set of questions utilized for this study. Although the original set of questions was structured, probe questions were utilized to elicit more specific responses in certain areas. In addition, subjects were given the liberty to indicate additional factors beyond these issues that they felt contributed to the sexually deviant behavior of the adolescent. Common themes were identified in each of these areas.

Sexual Education in the Primary Care Environment. Service providers participating in this study were asked three questions concerning the sexual education received by adolescent sexual offenders while in their primary care environment. The first inquiry made to service providers concerning the sexual education received by these adolescents was, "Describe for me the type of formal or direct education these adolescents received while in their primary care environment." The researcher was interested in whether or not adolescent sexual offenders received such an education while in the primary care environment. Without exception, each service provider reported that to his or her knowledge no such formal or direct education ever took place within the primary care environment. Comments made by service providers concerning this issue can be found in Table 8.

The next question concerning the sexual education of adolescent sexual offenders requested service providers to reflect on the type of informal or indirect means, within the primary care environment, by which these adolescents learned about sexual issues. Specifically, service providers were asked to describe parental behavior and/or attitudes toward sex or sexual issues. Ninety percent of these service providers indicated that sexual information was gained through the observation of parental sexual behavior. While these service providers did not indicate that all of the adolescent sexual offenders with whom they had worked had witnessed such behavior, they did acknowledge that a significant proportion had been exposed to this type of conduct. In order to gain more insight into the types of parental sexual behavior witnessed by these adolescents please see Table 9.

Two themes were identified from comments made by service providers concerning parental attitudes towards sex or sexual issues. Thirty-three percent of the individuals interviewed felt that parents demonstrated a nonchalant attitude toward sex or sexual issues, while twenty-nine percent felt that parents communicated a promiscuous attitude toward sexual issues. While additional parental attitudes concerning sexual issues may have been identified by these service providers, they were not recognized as themes due to their lack of recognition. Direct comments

made by service providers, which led to the identification of these themes, can be found in Table 10 and Table 11. Table 12 can be referred to identify those variables that various service providers felt contributed to the sexual education of adolescent sexual offender.

The final question posed to service providers concerning the sexual education of adolescent sexual offenders asked the subjects to reflect on where they felt adolescent sexual offenders primarily get their sexual knowledge. Service providers were not limited in their identification of the sources that they felt contributed to the adolescent's knowledge concerning sexual issues. Therefore, service providers may have indicated more than one source of information. Service providers indicated four areas, where they felt adolescents primarily receive information concerning sexual issues. These areas included their own sexual abuse (43%), sexually explicit materials (76%), peers (52%), and parents or other family members (5%). Comments made by service providers concerning each of these issues can be found in Table 13 through Table 16. Again, a table (Table 17) has been constructed in order to provide a visual of those service providers who indicated various sources of sexual education.

Exposure to Parental Sexual Behavior. Subjects were asked to describe the types of sexual behavior parents display in front of their adolescents. This question corresponded to the previous question concerning sexual information gained by adolescents through parental sexual behavior. Here again service providers indicated that adolescent sexual offenders had been exposed to explicit parental sexual behavior. Previously, only ninety percent of service providers indicated that the adolescents with whom they have worked were exposed to parental sexual behavior. However, when asked directly concerning this issue, all twenty-one subjects indicated that they had encountered adolescent offenders who had witnessed such behavior. Yet it should be noted that these service providers did not indicate that all of the adolescent sexual offenders with whom that had worked had viewed their parents engaging in sexual relations. Their direct comments concerning this issue can be found in Table 18.

While conducting interviews, it came to the researcher's attention that many service providers were making a distinction between parental sexual behavior and parental affectionate behavior. While service providers indicated that many parents display inappropriate sexual behavior in front of their adolescents, they also noted the fact that parents often fail to demonstrate affectionate behavior. Given the freedom the researcher was given to explore unforeseeable issues, an additional inquiry was added to the repertoire of initial questions. In addition to being asked to describe the types of sexual behaviors displayed by parents, service providers were also asked to describe the types of affectionate behaviors displayed by these individuals. Thirty-three percent of service providers indicated that there is an absence of any type of affectionate behavior in the homes of adolescent sexual offenders. Please see Table 19 for direct quotes. Table 20 indicates those service provider's who affirmed adolescent sexual offenders' exposure to parental sexual and affectionate behaviors.

Sexually Explicit Materials. Service providers were asked to identify the types of sexually explicit materials that are typically available in the primary care environment of adolescent sexual offenders. These individuals identified seven avenues of pornographic exposure. These sexually explicit materials included cable television (57%), videos (43%), movies (48%), magazines (81%), Internet (38%), hard core pornography (9%), and other, which included music videos and sex toys (9%). Each service provider interviewed indicated that the vast majority of adolescent sexual offenders with which they had worked had been exposed to some type of pornographic material. Table 21 lists the comments made by service providers concerning this issue and Table 22 presents a visual chart of the types of sexual explicit material available in the primary care environment as indicated by each service provider.

Service providers were also asked their perception of parental attitudes and behavior concerning their adolescent exposure to such materials. Participant's comments revealed four attitudinal themes concerning this issue. Twenty-nine percent of service providers participating in

this study indicate that parents often encourage such exposure, thirty-eight percent felt that parents were apathetic to their adolescent's exposure to pornography, while nineteen percent felt that parents denied that their adolescents were ever exposed to such materials. Substantiations for the identification of such attitudinal and behavioral themes can be found in Tables 23, 24, and 25. Table 26 provides a chart concerning this issue.

Family Structure of Adolescent Sexual Offenders. Service providers were also asked several questions concerning the family structure in which adolescent sexual offenders were raised. Specifically, services providers were asked their perceptions of sexual boundaries within the primary care environment and family rules and roles concerning sexual issues.

Two questions posed to service providers made inquiries concerning sexual boundaries within the primary care environment of adolescent sexual offenders. These questions included, "What types of sexual boundaries typically exist between the parents sexual relationships and the adolescent?" and "What sexual boundaries exist concerning the adolescent's sexuality?" According to the perception of service providers, poor sexual boundaries are found within the primary care environment of adolescent sexual offenders. In fact, eighty-one percent of service providers noted that these boundaries were poor to nonexistent. In order to gain insight into their responses please see Table 27.

When asked to identify the typical rules within the primary care environment eighty-one percent perceived little to no rules with regards to adolescents' sexual behavior. Service providers' responses indicated that parents show very little concern in establishing and enforcing rules concerning sexual issues. Table 28 illustrates subjects' responses concerning this issue.

Subjects were also asked to describe the type of family roles that typically exist surrounding sexual issues. Service providers (67%) indicated that in general, not necessarily just within a sexual realm, family roles are often dysfunctional. That is to say that the majority of service providers felt that adolescents were often placed in an adult role in various situations. These situations were not limited to sexual circumstances. In fact, very few service providers

related this parentification of the adolescent to sexual issues. Quotes found within Table 29 allude to the parentification of the adolescent. Table 30 illustrates the family structure variables identified by each service provider.

Violence in the Primary Care Environment. Every service provider interviewed implied that each adolescent sexual offender with whom they had worked had been exposed to some type of violence while in the primary care environment. Seventy-six percent of service providers indicated that these adolescents had been exposed to sexual violence while in the home, while one hundred percent of these providers indicated their adolescent sexual offender clientele had been exposed to physical violence in the primary care environment. For a description of the type and amount of violence witnessed by these adolescents please refer to Tables 31 and 32. Table 33 indicated those service providers who noted the presence of sexual and/or physical violence within the primary care environment. Table 34 and Table 35 offer insight into how service providers perceived the sexually violent and physically violent environment affecting the adolescent sexual offender.

Several variables were identified by service providers as possible contributors to the sexual nature of the primary care environment of adolescent sexual offenders. In order to illustrate the variables that should be considered when constructing a scale to assess the sexual variables present in this environment, Figure 2 was constructed.

Overriding Theme. The identification of key themes has been thus identified under each research topic. It is suggested that each of these themes be considered when constructing items for the proposed scale to assess the sexual nature of the primary care environment of adolescent sexual offenders. In addition, it is recommended that several overriding themes be taken into consideration when constructing items for the proposed scale. While reviewing responses of service providers for each question, several recurring factors seemed to present themselves throughout the interviews. These factors included a lack of supervision (Table 36), poor or inappropriate communication concerning several issues (Table 37), and normalizing or denying

the existence of the adolescent's deviant sexual behavior (Table 38). Ninety percent of service providers alluded to a lack of supervision related to sexual issues in the primary care environment of adolescent sexual offenders. Seventy-one percent of these providers perceived little to no communication going on within the primary care environment concerning sexual issues and sixty-two percent felt that parents often normalized inappropriate sexual behaviors. Table 39 provides a visual display of those service providers who made reference to these overriding themes, and Figure 3 indicates those overriding variables that should be taken into consideration when constructing the proposed scale.

Unanticipated Factor. Given the exploratory nature of this project, the possibility that unforeseeable issues may contribute to the sexual nature of the primary care environment of adolescent sexual offenders was taken into account. Therefore, service providers were asked to elucidate on any other sexual issues concerning the primary care environment that they thought the researcher should take into consideration. Two themes were identified by the researcher in response to this inquiry. Sixty-two percent of the service providers indicated that they felt that parental alcohol and drug use were prevalent in the primary care environment of adolescent sexual offenders and contributed to the sexual nature of that environment. Direct quotes of service providers concerning this issue can be found in Table 40. A small percentage (29%) of service providers also noted that prostitution was a factor that contributed to the sexual nature of the primary care environment. Please refer to Table 41 to examine their comments concerning this issue. Table 42 provides a flowchart concerning these two unanticipated factors and Figure 4 presents a visual of unanticipated factors that should be considered when constructing a scale to assess the sexual nature of the primary care environment of adolescent sexual offenders.

One of the final questions posed to service providers taking part in this study asked them to considers the influence the primary care environment on the adolescent sexual offender's deviant sexual behavior. While data collected from this question may not prove useful in the development of the proposed scale, information gathered from this particular question may prove

valuable in providing validity for the necessity of such a measure. Please see Table 43 for responses to this inquiry.

CHAPTER V

DISCUSSION OF RESEARCH FINDINGS

Previous literature concerning adolescent sexual offenders suggests that several sexual variables within the primary care environment of these adolescents may contribute to their deviant sexual behavior. These variables include sexual education, parental sexual behaviors, exposure to sexually explicit materials, sexual boundaries within the primary care environment, family rules and roles concerning sexual issues, and witnessing physical and sexual violence between parental figures. Questions concerning each of these issues were formulated in order to verify previous assumptions surrounding these variables. In addition, service providers taking part in this study were given the opportunity to identify any additional sexual factors that they felt further contributed to the sexual nature of this environment.

Sexual Education in the Primary Care Environment

A principal component of interest in the current project is the sexual education which adolescent sexual offenders received while in their primary care environment. Sexual education is a process of acquiring information and forming attitudes, beliefs, and values about identity, relationships, and intimacy (SIECUS, 1999). It is often within the primary care environment that adolescents receive their sexual education. This information is gained through cognitive domains (information), affective domains (feelings, values, and attitudes), and behavioral domains (communication and demonstrated behaviors) (SIECUS, 1999). The fact that sexual information is acquired through each of these domains indicates that adolescents not only gain sexual information through direct means, they also gain this information through indirect means. Therefore, in order to gain a clear picture of the familial environment in which adolescent sexual offenders received information concerning sexual issues, service providers participating in this

study were asked to identify all types of sexual education which took place within the primary care environment. These service providers were asked about education that took place through direct conversation, as well as information attained through the perceived values, attitudes, and behaviors of individuals residing in that environment.

Service providers were asked three questions concerning their perception of the sexual education that took place in the home environment of adolescent sexual offenders. The questions concerning this issue were constructed to elicit information in each of the domains in which adolescents gain sexual information (SIECUS, 1999). The inquiry that attempted to examine the cognitive realm in which adolescents gain information asked service providers to describe the direct or formal education these adolescents received while in their primary care environment. In order to assess the affective and behavioral domains of sexual education, service providers were asked to describe the indirect or informal means by which these adolescent gain sexual information. Specifically, they were asked to reflect on parental attitudes and behaviors that are demonstrated within the primary care environment of adolescent sexual offenders. The third and final question concerning this issue asked service providers where they felt adolescent sexual offenders primarily receive their sexual information. Several themes were identified from service providers' responses. These themes included no formal sexual education, inappropriate parental sexual behavior, or more specifically, observation of parental sexual behavior, and promiscuous and nonchalant parental attitudes toward sexual issues. Each of these themes will be discussed and quotes from service providers will be offered to aid in the verification of the theme in question.

No Formal Sexual Education. Each service provider interviewed noted that the adolescent sexual offenders for whom they have provided services, received little to no sexual education in the form of direct or formal discussions with their primary care givers. One participant summarized the issue nicely when he/she stated that:

> A lot of them haven't received any formal sexual education, that's one of the major problems in that there is a lack of knowledge about appropriate sexual behavior. It's generally lacking.

This statement was corroborated again and again in interviews as indicated in the following statement:

> From the primary care environment, from their families of origin and things like that, most of them (the adolescent sexual offender) are very under-educated, unaware of sexual knowledge and facts. They usually come from dysfunctional families where constructive sexual behavior is not discussed. Very little of their knowledge comes from structured, formal education structured by parents.

Each service provider who participated in this study made statements similar to these. Those interviewed carried the opinion that caregivers of adolescent sexual offenders did little to educate their children concerning sexual issues.

Service providers perceived that both adolescent sexual offenders and their parents recognize the absence of sexual education within the primary care environment. Those service providers who had the occasion to work with parents of adolescent sexual offenders asserted that parents often admit to this lack of instruction. According to comments made by Subject # 10, many parents avow that there is little direction taking place concerning sexual matters.

> "When we do involve the parents, they say that feedback concerning sexual education is little to none. And then for those who do provide their adolescent with information about that (sex), there's a strong question of are they telling us what they think we want to hear about their role on that. Because when you get the kids, you get a real different description. Kids say they get little to none."

Statements made by service providers also seem to indicate that those parents who did discuss sexual issues with their adolescents often did so in an inappropriate or inadequate way due to their own lack of sexual knowledge. A statement offered by Subject # 1 clarifies this issue.

> I don't think any of mine (adolescent sexual offenders) have actually had any formal education. What we usually encounter is poor education and we have to educate. Its also very important to educate the parents. You know, they (the parents) have very distorted knowledge that they've picked up from their parents, and generations back, and ignorance.

Subject # 3 reiterates this point by stating that,

> If they (adolescent sexual offenders) do receive information it's misinformation, like sexual myths, or information that is sexist in nature. Parents make a lot of derogatory comments about women, if they look a certain way they deserve to have something done to them that is sexual in nature.

According to the viewpoint of service providers both adolescent sexual offenders and their parents have little correct information concerning sexual issues.

Service providers unanimously acknowledge that there is an absence of formal sexual education in the primary care environments of adolescent sexual offenders. This deficiency of any formal or direct communication between adolescent sexual offenders and their caregivers concerning sexual issues is one factor that seems to define the sexual nature of the primary care environment. Therefore, when constructing a scale to assess the sexual nature of the home environment of adolescent sexual offenders, the inclusion of this topic is essential.

Parental Sexual Behavior. In order to gain a clear picture of the type of sexual education received by adolescent sexual offenders, service provider were also asked to discuss indirect or informal means by which these adolescent gained sexual information. By examining the indirect forms of sexual education taking place in the primary care environment one is able to assess the attitudinal and behavioral domains by which caregivers sexually educate their children. SIECUS (1999) claims that children learn a great deal about sexual issues from each of these avenues.

When asked to describe the types of indirect sexual education taking place in the primary care environment all but one service provider recalled that a proportion of the adolescent with

whom they had worked had been exposed to parental sexual behavior. Subject # 10 stated that, "A fair number of children, particularly in their younger years, have observed adults in the home engaged in sexual activity." Subject #12 validated this statement by noting that, "A lot of the juveniles were exposed to overt sex acts by their parents." However, it is important to recognize that service providers also acknowledged the fact that some adolescent sexual offender had not been party to such sexual exposure. Subject # 7 indicated that only thirty percent of the adolescents with whom he/she had worked had been exposed to parental sexual behavior.

Service providers indicated that exposure to parental sexual behavior took place in either one of two ways in these environments. Either the parents deliberately exposed their adolescent to their sexual behavior or it happened accidentally, often through inadequate parental supervision. Service providers felt that many of these adolescents' parents fail to take the proper cautions to prevent their children from witnessing their sexual behavior and some parents deliberately expose their adolescents to such behavior. Subject # 9 recognizes each end of this continuum.

> It's hard to tell because I have kids from such a wide range of family experiences. Some of the kids come from families that are grossly incestuous and they have been exposed to sex and sexual things since the beginning. Or some from families where maybe there's substance abuse, and so when there's substance abuse, the parents are not adequately supervising, you know, they've got unsavory people in the house and you know all kinds of things going on. And they're not thinking about the effect on the kids. So there's this huge range.

Subject # 2 also noted this deliberate exposure when he/she described how some parents force their adolescent to witness their sexual encounters.

> I have had children that have observed their parents having sex. I've had them tell me that on more than one occasion, like not just peeping but because it was something they had to do, kind of a forced thing to watch their parents.

Despite the means by which this disclosure took place, service providers discerned that adolescent sexual offenders were likely to have acquired sexual information from this behavioral domain. Subject # 6 offered a particularly poignant insight concerning the potential impact of adolescent exposure to parental sexual behavior.

> Yea, kids pretty much copy what they see played out in front of them on a day-to-day basis. They're pretty much products of their environment when it comes to their sexual behavior.

Given the potential impact of this type of sexual exposure it seems pertinent that this issue be examined on the proposed scale.

Parental Sexual Attitudes. Subjects taking part in this study were also asked to describe their perception of parental sexual attitudes that are demonstrated in the primary care environment of adolescent sexual offenders. Comments made by service providers led to the identification of two such prevailing attitudes. Thirty-three percent of the individuals interviewed felt that parents demonstrated a nonchalant attitude toward sex or sexual issues, while twenty-nine percent felt that parents communicated a promiscuous attitude toward sexual issues.

Six service providers implied that parents of adolescent sexual offenders often present to their children a promiscuous attitude toward sexual issues. These service providers described parents as being loose morally and as having a permissive attitude when it came to sexual issues. Such parental sexual attitudes were evident in the comment made by Subject # 15, "Usually, parental attitudes (concerning sexual attitudes) are very permissive, very open, no sense of boundaries or sensitivities to the impact of the material on the children." Subject # 14's response was particularly noteworthy concerning this issue.

> Well, generally the parents are very permissive in nature. You know whatever made them feel good they did, fairly hedonistic. I would say the majority of them are permissive.

Given the fact that affective or attitudinal avenues have been recognized as contributing to the sexual education of adolescents (SIECUS, 1999), it seems that these promiscuous parental attitudes concerning sexual issues should be recognized as a contributing factor to sexual nature of the primary care environment of adolescent sexual offenders. As stated by Subject # 13, these adolescents often "pick up on" their caregiver's promiscuous or very sexualized behaviors.

Service providers also perceived that parents of adolescent sexual offenders often display a nonchalant attitude toward sex or sexual issues. Service providers indicated that parents often minimize inappropriate sexual behavior. This particular theme was identified in seven of the interviews. This type of attitudinal display was exemplified in Subject # 10's comments.

> I've had parents in parent groups minimize inappropriate sexual behavior that took place in the home, even on occasions when there have been investigations by DHS, right in front of their children who are there for treatment. They say it didn't happen or the other kid is just lying. I mean often that's said in front of the child so there's total minimization.

Parents were described as treating sex and sexual abuse as a normal, everyday occurrences. According to Subject # 1, most parents of adolescent sexual offenders often indicate that sexual abuse (the adolescent's own sexual abuse) is "just the way life is," and often depict the attitude that the adolescent is "making a big deal out of nothing." Subject # 2 also captured this nonchalant attitudinal theme in his/her comments when he/she offered:

> Having sex with mother and boyfriend was taught to them to be a kind of normal life. The adolescent just thought that that was a normal life and everybody else did it. That was normal, having, you know, sexual relationships with the child or another person in front of the child. I mean it was no different than eating dinner in front of everybody else.

Several service providers felt that such an attitude could prove to be very influential in promoting deviant adolescent sexual behavior. As stated by Subject # 4, "these adolescents may not fully comprehend that what they did was not okay given their parents' nonchalant attitude

concerning sexual violence." Given the potential impact of this parental sexual attitude it seems that this viewpoint should be explored in the proposed scale as well.

Sources of Sexual Knowledge. The final question posed to service providers concerning the sexual education of adolescent sexual offenders attempted to assess where these adolescents primarily get their sexual knowledge. Service providers were not limited in their identification of sexual education sources and therefore were at liberty to indicate more than one source of information. Service providers indicated four areas, where they felt adolescents primarily receive information concerning sexual issues. These areas included their own sexual abuse (43%), sexually explicit materials (76%), peers (52%), and parents or other family members (5%).

These findings are in sharp contrast to The Kaiser Family Foundation (1999) reports that indicate that normal adolescents predominantly receive sexual information from their parents. This foundation found that 59 percent of adolescents 10 to 12 years old and 45 percent of adolescents 13 to 18 years old said that they personally learned the most about sexuality from their parents or primary care giver. The fact that only a small percentage of service providers recognized parents and/or family members as contributors to the sexual education of adolescent sexual offender adds validity to the previous findings that little formal sexual education is taking place within the primary care environment of these offenders. Rather than receiving direct sexual information from their parents, these adolescents are obtaining sexual information from erroneous sources.

Service providers were asked to describe their perceptions of the sexual education received by adolescent sexual offenders while in their primary care environment. Several major themes were revealed in their comments. According to each of the service providers interviewed, adolescent sexual offenders receive little if any direct sexual education from their caregivers. Their comments indicate that the majority of parental sexual education received by these adolescents comes about through indirect means. Specifically, it appears that these adolescents learn about sex through observation of parental sexual behavior and from their parents' attitude

toward sex or sexual issues. The two most predominant attitudes being promiscuity and a nonchalant attitude toward sex. It is evident that these factors contribute to the sexual nature of the primary care environment of the adolescent sexual offender and therefore should be taken into consideration in the development of a scale to assess this phenomenon.

Exposure to Parental Sexual Behavior and Sexually Explicit Materials

Service providers were also asked to describe their perception of the sexual behavior and sexual materials that adolescents were exposed to while in their primary care environments. Specifically, service providers were asked the types of sexual behavior parents display in front of their adolescents and the types of sexually explicit materials that are typically available in the primary care environment. During the course of the first few interviews it was clear that service providers were making a distinction between sexual behavior and affectionate behavior, therefore the remaining interviewees were asked to describe both sexual and affectionate behavior that took place between parents of adolescent sexual offenders.

Parental Sexual Behavior. As previously noted, service providers taking part in this study noted that many of the adolescents with whom they have worked had observed their parent's sexual encounters. Ninety percent of the service providers interviewed affirmed that this exposure was often the means of indirect sexual education in the primary care environment of adolescent sexual offenders. However, when ask directly about such exposure each interviewee confirmed that while not all of these adolescents had been exposed to such behavior a considerable proportion did fall into this category.

Service providers taking part in this study perceived that a fair number of parents of adolescent sexual offenders are often sexually indiscreet. Such behavior can create an over sexualized primary care environment (Johnson, 1993). Subject # 3 unmistakably recognized this type of environment when he/she stated that, "We have a lot of parents that are pretty risqué. They over-sexualize their kids. They are usually really sexual around each other." Service Providers felt that at times this type of exposure was intentional but more often than not it

occurred due to parents failing to take the appropriate precautions. According to service providers this lack of prudence often presented the opportunity for adolescents to witness their parent's sexual behaviors. Subject # 4 captured this predicament:

> Yeah you hear some of it. Daddy bathing, touching mom, walking in on mother giving oral sex. Yeah, you certainly hear all the stories. I don't know that it was intentional, but precautions were not taken. Some of these families were involved in drugs and don't know what's going on. And a lot of homes had children left unsupervised.

Subject # 15 also felt that parents fail to take the proper steps to conceal their sexual escapades. This subject made the following statement which demonstrated this lack of discretion.

> "Frequently, they (adolescent sexual offender) are exposed to full sexual intercourse, and frequently, very marginal attempts are made to veil their (caretakers) sexual behavior if it's not directly open and overt, such as beginning the sexual behavior in the living area and then proceeding to the bedroom without closing the door.

Other service providers recognized the intentional nature behind adolescent exposure to parental sexual behavior. Subject # 2 offered this insight:

> These kids have been exposed to inappropriate types of affection, parents having sexual contact with each other that should not be done in front of children. Leaving the bedroom door open, even forcing kids to watch.

Subject # 8 also recognized the deliberate sexual exposure experienced by these adolescents.

> Most of the kids I've talked with, it's usually they've watched their parents do stuff that the parents wouldn't explain. Some force them to watch. So we're not talking about a normal environment for a home life.

Whether the observation of parental sexual behavior is done deliberately or whether it occurs due to a lack of precautionary measures, it does appear that a notable proportion of adolescent sexual offenders are party to their parents' sexual behaviors. Given the fact that this variable has been referred to in two separate sections of the interview as a contributor to the

sexual nature of the primary care environment, it is recommended that it be a variable examined in the proposed scale.

Lack of Parental Affectionate Behavior. It became apparent during the course of the interviews that service providers were making a clear distinction between parental sexual behavior and parental affectionate behavior. While service providers did avow that parents often displayed sexual behavior in front of their adolescents, many averred that parents rarely exhibited affectionate behavior in front of their adolescents. Subject # 3 offered a description of this lack of affectionate behavior.

> Then we have the other kind of parents who show no affection whatsoever. At this end of the spectrum are the parents who don't show any affection towards each other and they *really* don't show any towards their kids.

Subject # 17 also encountered adolescents who reported that they never witnessed their parents engage in affectionate behavior. He/she stated that there are "the prudent parents, the parents who never talk about sex, never show affection, never even kiss." Several service providers recognized this lack of affectionate behavior between parents of adolescent sexual offenders. Therefore, it seems prudent to suggest that the proposed scale not only assess adolescent exposure to parental sexual behavior but also explore the lack of parental affection.

Sexually Explicit Materials. Service providers participating in this study reported that adolescent offenders with whom they had worked had also been exposed to sexual behaviors through pornographic materials. In fact, each and every individual interviewed noted that pornographic materials were indeed a factor that contributed to the sexual nature of the primary care environment of adolescent sexual offenders.

Service providers reported that these adolescents were exposed to a variety of sexually explicit materials. Subject # 6's comments summarize the types of sexually explicit materials available to these adolescents. He/she affirmed that, "there's a lot of Internet, movie channels, the movies that you rent, the music kids listen to, music videos. I mean the list sort of goes on and

on." Subject # 7 also confirmed such exposure and averred that many of these pornographic materials included hard core pornography.

> Majority of them are magazines that are just bought at the local convenience store. And then we have inappropriate movies, R rated movies that are rented, and then there's cable TV. Some are exposed to the most explicit hard core sexual pornography.

A more recent phenomenon is exposure to pornographic material via the Internet. Subject # 10 stated that, "more and more its becoming the Internet, and that's a fairly recent phenomenon." Subject # 9 confirms this viewpoint by claiming that the "Internet is a biggie."

Eight of the service providers interviewed accredited the Internet as a means of pornographic exposure for these adolescents. Service providers felt that with the invention of the computer and the Internet pornographic materials are becoming easier to access. Service providers concluded that adolescent sexual offenders, who have access to this medium, are taking advantage of it to view pornographic materials.

Parental Attitudes Toward Adolescent Pornographic Exposure. Service providers were also asked their perception of parental attitudes relating to adolescent exposure to pornographic materials. These attitudes were examined due to the fact that previous research has indicated that adolescents gain sexual knowledge and/or information from parental sexual attitudes (SIECUS, 1999). In lieu of the fact that pornographic materials convey sexual messages and images that often glorify incest, rape, sexual violence, and sadomasochism, it is important to examine parental reactions to such materials (Ryan, 1991). The message that adolescents glean from pornographic exposure may indeed be affected by parental attitudes toward such materials. For instance, if parents convey that they condone such behavior, adolescents may adopt the attitude that the behavior demonstrated in pornographic materials is truly acceptable. Comments made by subjects participating in this project led to the identification of three attitudinal themes. These themes included an attitude of encouragement toward the viewing of pornographic materials,

denial of the detrimental nature of such exposure, and an apathetic attitude toward pornographic exposure.

Several service providers felt that the parents of adolescent sexual offenders often encouraged their children to observe pornographic materials. Service providers noted that this encouragement seemed to take place for one of two reasons. One viewpoint held by service providers was that parents often encouraged such observations in order to enhance their own sexual pleasure. Others felt that parents offered their endorsement with the notion that the material would serve as educational material to their curious adolescents.

Subject # 2 and Subject # 15 recognized the fact that parents often enhance their own sexual pleasures by forcing their adolescents to watch pornographic materials. Subject # 2 stated:

> On some occasions the children watched because they were basically forced to by their parents. It was encouraged. I guess you might say for their (parents) sexual pleasure. I guess that's how you would say it.

Subject # 15 expressed similar sentiments.

> They (parents) do communicate to these children that they should observe it (porn). It's usually to enhance their own pleasure, making leering or lewd remarks about it to try and get a reaction from the child. Encouraged reaction out of the child in response to the materials that they've just been allowed to see. Derogatory, belittling remarks perhaps, things designed to lower the barriers and desensitize them to sexual behavior at a fairly overt level.

Whether parents truly set out to desensitize their adolescent to inappropriate sexual behavior or not, their attitude of encouragement may in fact do just that. Such an attitude may lead adolescents to believe that their parents approve of such behavior. As such this attitude of encouragement would contribute to the sexual nature of the primary care environment.

Service providers also noted that parents often encourage the observation of such sexual materials in order for the adolescent to gain knowledge concerning sexual issues. Subject # 10 and # 20 captured this point of view.

> I've had a number of parents also, again, sort of give a tacit approval or encourage to an extent. It's like boys will be boys deal, or they're going to learn about it somewhere. Some of the parents think its really cool, especially a lot of the men.

Subject # 20 offered a corresponding declaration, "half of them thought that that was probably a good thing for them to see, how it works so they would not have to verbalize a lot of stuff." Such encouragement would also taint adolescents' perception of sexual relations. If parents encourage the use of such materials for educational purposes they are fostering sexual myths that are dominant in pornographic materials (Ryan, 1991). Such a skewed view of sexual relations could influence the adolescents' sexual behavior and contribute to the sexual nature of the home environment.

Service providers also recognized that parents of adolescent sexual offenders often deny the negative effects of pornographic exposure or deny that their child is exposed to such materials. As stated by Subject # 3, "parents minimize the effects of such sexual material. They deny it has an effect or they deny their kid is looking at it." Subject # 21 points out that parents may minimize the effects of pornography so that they don't have to deal with the issue. Such denial or unwillingness to address the negative effects of pornography may convey to adolescents a silent approval. Therefore, this attitude of denial would also contribute to the sexual beliefs of the adolescent and to the sexual nature of the primary care environment.

The final parental attitudinal theme depicted in service providers' comments concerning adolescent exposure to pornographic materials was an attitude of apathy. Thirty-eight percent of the subjects interviewed felt that parents were often indifferent to their adolescent exposure to pornographic materials. According to service providers' perceptions, it seems that many parents of adolescent sexual offenders just don't care that their adolescents have access to pornography.

This attitude of apathy was captured in comments made by Subject # 2, "oh yeah most, oh I'd say about fifty to probably seventy five percent of them (parents) know their kids have access to porn. They just don't care." This attitude of apathy was also evident in comments made by Subject # 19.

> Sometimes they'll say, oh, it was just a Playboy or something like that. Oh well, they (the adolescent) will be exposed to it sooner or later anyway so what's the big deal. Or they don't seem, a lot of them don't seem to be very alarmed by it.

Just as with the attitude of denial, this apathetic attitude toward pornographic exposure may communicate to adolescents a tacit approval. Parents who display such an attitude may cultivate in their adolescent a belief that the sexual acts portrayed in pornographic materials accurately depict sexual relations.

Reports of exposure to sexual behaviors of other family members and exposure to explicit sexual information are not uncommon among adolescents who display deviant sexual behaviors (Koss & Dinero, 1988; White & Humphery, 1990). Service providers taking part in this study also recognized such exposure among adolescent sexual offenders. In addition, service providers recognized three attitudinal themes concerning parent reactions toward their adolescents' exposure to pornography. Each of these variables are likely contributors to the sexual nature of the primary care environment of adolescent sexual offenders and should be further examined in the proposed scale.

The Family Structure of Adolescent Sexual Offenders

Sexual Boundaries. Service providers were asked to discuss their perception of parental sexual boundaries and sexual boundaries surrounding the adolescent's sexuality. In general, service providers indicated that there is a lack of such boundaries in the home. In fact seventy-six percent of the participants taking part in this study acknowledged the fact that the primary care environment of adolescent sexual offenders is often void of boundaries concerning sexual issues. Service providers recognized three aspects of primary care environment that seemed to be void of

appropriate sexual boundaries. These areas included the personal space of adolescents surrounding sexual issues, the adolescents' sexual boundaries, and parental sexual behavior.

Several service providers indicated that they believe the personal space of adolescent sexual offenders surrounding sexual issues was rarely respected by parents. According to the perception of service providers participating in this study, these adolescents were not afforded the appropriate privacy in regards to personal hygiene. Service providers averred that adolescents often complained that parents would enter their bedroom when they were dressing or the bathroom at inappropriate times. The lack of boundaries concerning this issue are evident in the comments of Subject # 1.

> No boundaries whatsoever. I mean one of the first things we have to teach these children when they get put in a foster home is you should knock before you go into a room. You don't just barge into the bathroom. You're allowed to lock the bathroom. I mean there's just no boundaries whatever.

Subject # 5 also commented on this issue.

> In terms of boundaries, I see very little boundaries of sex, none. For the most part parents don't respect adolescents' sexuality. They walk in the bathroom wherever they want to. When the child is taking a bath they just walk on in. They won't get out even when asked.

Service providers felt that respect for the maturing adolescent is not often honored in the home of adolescent sexual offenders. It seems that caregivers fail to recognize the adolescents' personal boundaries or personal space. Subject # 6's comments reflect this sentiment.

> That seems to be a major problem in a lot of the homes, the boundaries. The lack of boundaries, lack of personal boundaries, personal space. You get those kids where there's no boundaries at all. And you get everything in between. There's no defined boundaries. Like people interfering in peoples' space without warning. They don't respect or understand the concept that people have a right to not have their boundaries trespassed

upon. In kids or in these type of homes grow up with this skewed sense of what's appropriate sexual behavior.

Service providers also perceived that this lack of boundaries concerning the adolescent's sexuality was often taken a step further in that many of the adolescents had experience sexual abuse. This abuse often occurred at the hands of the adolescent's primary caregiver. Service providers felt that such abuse was a definite intrusion upon the adolescents' sexual boundaries. Subject # 12 was candid in describing this invasion of adolescents' sexual boundaries.

> Typically, those (sexual) boundaries, it's not an appropriate parent-child relationship. Are the boundaries respected? If the child's been molested, no. And like I say, the vast majority of the juveniles that we have in here were molested and more often than not, it was a male perpetrator that molested them, often someone in the home. So you can't really say that their boundaries were respected.

Subject # 4 also often insight concerning this issue.

> Well, yeah, when they're talking about their sexual abuse there's boundary issues. Bathing and touching, a lot of times the children may be put in the same bed and asked to do things. For the most part, parents don't respect adolescents' sexuality, honestly no. That's why we get these children with no boundaries. But kids don't understand that their own sexual abuse was an invasion of their sexual boundaries. That's why treatment takes so long, because that's the way it was.

Subject # 4's comments highlight the potentially detrimental effects surrounding the invasion of adolescent's sexual boundaries. According to service providers taking part in this study, sexually abused adolescents often fail to recognize that such abuse is inappropriate. Service providers felt that this abuse often leaves these adolescents with the perception that such abuse is normal or "just the ways things are." Therefore, this intrusion upon the sexual boundaries of the adolescent would contribute to the sexual nature of the primary care environment.

Service providers also identified inadequate of parental sexual boundaries. Service providers indicated that many parents fail to set up the appropriate sexual boundary and at times instigate adolescent involvement within their sexual lives. Subject # 3 described how mothers of adolescent sexual offenders often entangle their adolescent in their sexual behaviors.

> A few of the mothers that are single mothers, yes, they discuss their sex life and their sex drive and things like that. There should be boundaries. Single mothers tend to have more of a boundary issue. Kind of look at the son as being man of the house. The male influence basically isn't there. There's no boundaries. In the homes I've seen either poor boundaries because of the parent's dialogue about their own sex life, or openly communicating about their own sexual issues.

Subject # 14 felt that mothers often over step their sexual boundaries with their male adolescent in order to gain some type of sexual affirmation. His/Her comments were particularly poignant concerning this issue.

> Well there isn't very many boundaries. That's part of the problem. You know we had some parents that involve, you know, have sexual relationships with the kids themselves. And the mother, no boundaries as far as clothing. I mean a lot of them don't even wear clothing in the home. You'll see a lot of enmeshed family systems where the mother is getting a lot of her emotional needs slash sexual affirmation needs met by her son. You have a lot of single parents, single mothers, and they seemingly get all their needs met by their sons, inappropriately. A lot of these kids just think a lot of what they do is normal because that's all they've ever experienced.

Service providers' comments indicate that sexual boundaries, whether it be boundaries surrounding the adolescents sexuality or parental sexual boundaries, may often be absent in the primary care environments of adolescent sexual offenders. Service providers noted that adolescent sexual offenders often indicate that they are unaware that this lack of boundaries is inappropriate. Oft times these adolescents developed the notion that "that's just the way it is".

This scarcity of boundaries affects the sexual nature of the primary care environment. Subjects # 11 and # 14 alluded to the fact that this lack of boundaries often leads to an enmeshed family system. This sexual enmeshment would indeed affect the primary care environment.

Sexual Rules in the Primary Care Environment. The current study sought to explore the issue of parental monitoring and control regarding adolescent sexual behavior. In order to examine this issue, service providers were asked to describe their perception of family rules regarding sexual issues in the primary care environment of adolescent sexual offenders. Service providers were informed that family rules would be defined as a spoken or unspoken prescription that operates within the family to guide action (Rosenblatt, 1994).

Service providers participating in this study asserted that few sexual rules exist within the primary care environment of an adolescent sexual offender. Seventeen of the twenty-one service providers interviewed indicated that very few rules concerning sexual matters are ever put into place in the homes of adolescent sexual offenders. Subject # 2 stated that no rules exist and that basically "anything goes." Subject #6 validated this viewpoint.

> Truthfully I don't think, in most of these cases anyway, honestly that there is any (boundaries). That's something that they either don't talk about or they talk about it in an inappropriate manner so they don't come up with any rules that are really constructive. Not a lot of conversation about rules.

According to service providers caregivers fail to address the issue of sexual rules. Service providers noted that for the most part such rules are not a part of the family structure until the adolescent is identified as perpetrating a deviant sexual act. Subject # 20 states that, "The rules only come when they've gotten caught or in trouble". Subject # 3 explains that even with the identification of deviant sexual behavior, parents often do very little to control their adolescents' sexual behavior.

> Rules only arise when they get caught. And then their level of how they tried to control it was pretty inadequate. But if they were caught, mostly that was with a sibling, if there

> was some sort of incest in the home, then sometimes that would target supervision, but little, very little. Most of them didn't have any sexual rules. The parents just really didn't have any dialogue about sex going on or anything.

Service providers perceive that a major problem in these homes is the failure to adequately supervise the adolescent's sexual behavior. Service providers indicated that when attempts are made to establish such rules, caregivers are often negligent in their attempts to enforce the rules. Subject # 4 clearly stated this problem, "so setting up so called rules was one thing, but supervision, now that was another." Subject # 9 also acknowledged this lack of enforcement of rules regarding sexual issues.

> Prior to the committed offense, one of the big problems is just a lack of supervision and a lack of interest. Not really knowing where your kid is and what your kid is doing and what they're actually involved in. Again, before the offense occurs, the rules are probably pretty lax, maybe nonexistent, or just not discussed. There may be rules about not seeing certain things on TV but there's no real follow-up to make sure that kids are abiding by the rules. So I think it's pretty lax supervision and the rules may be there, sort of in a perfunctory way.

It seems that while some parents are seen as attempting to set up rules to guide their adolescents' sexual activities, they are perceived as doing very little to ensure that their adolescents abide by these rules. According to the perceptions of service providers, the sexual rules that do exist in the primary care environment are simply stated but rarely require compliance. It is recommended that this issue, which contributes to the family structure of the adolescent sexual offender be examined on the proposed scale.

Family Roles. Given the fact that the purposes of this project was to describe in detail the sexual nature of the primary care environment of adolescent sexual offenders, family roles concerning sexual issues were investigated during interviews with service providers. Service

providers were asked to describe the types of family sexual roles that typically exist with the home environment of adolescent sexual offenders.

Only six of the twenty-one service providers interviewed indicated that adolescent sexual offenders are assigned an adult sexual role in the primary care environment. The service providers that recognized this role noted that such adolescents are called upon to take the role of a sexual partner or that of a sexual confidant. Subject # 2 described how parents of adolescent sexual offenders often fail to maintain an appropriate parent-child relationship by instigating a sexual relationship with their adolescents.

> I have had kids that have taken on an adult sexual role in the role of the family. It was initiated by the parents initially and then became normal behavior and then it became a problem when they got out of the home.

Subject # 12 also confirmed that oft times the appropriate parent-child relationship is not sustained.

> I generally see in all areas, including sexual issues, an inappropriate parentification, empowerment of the child. They're treated more like an adult, an equal, or a sex object rather than as an appropriate parent-child relationship.

According to service providers this inappropriate parent-child relationship concerning sexual issues also takes place as the parent enlists the child as a sexual confidant. Service providers noted that this inappropriate parent-child behavior occurs most often in the home of a single mother. Subject # 3's comments were particularly enlightening concerning this issue.

> A lot of role reversal – kids taking on an adult role. There's a lot of role reversal especially with single mothers. The boys take on more of an adult role as another care provider and, you know, trying to manage the household and trying to help take care of the kids, things that would be more adult or parental role. Mothers also share sexual information with their boys. They (the boys) take on an adult role there too.

Subject # 13 also acknowledged that fact that mothers often engage their adolescent sons in sexual conversations and stated that he/she had a, "few moms that talk openly with their sons about their sex life, treat them like a friend instead of a child." While only a small portion of the service providers indicated that adolescent sexual offenders were placed in an adult sexual role within the family, the majority of service providers taking part in this study recognized that these adolescents were generally placed in parental roles. Fourteen of the twenty-one subjects interviewed accredited parents with placing their child in a parental role within the family. Subject # 4 captures the sentiments of these service providers.

> The majority of biological homes were single parents. It was not a lot of separate roles. Very little nurturing on the part of the parent. Kid takes on parent role, you know. The level we work at, the families are pretty dysfunctional. The kid gets up and takes care of the mom. At night mom disappears and the kid really takes on parent roles. We get the very desperately poor families dealing with food and cooking doing things a mother should be doing, but she's passed out or she's not even there. I think it's more surviving.

Service providers in this study felt that rather than enlisting the child as a sexual partner or confidant the majority of parents of adolescent sexual offenders are failing to perform their role as a parent and are therefore placing the child in this parenting position. Subject # 15 effectively describes this occurrence.

> It's a large dysfunctional model. They (the parents) don't play the role of supportiveness whenever the adolescents turn to them with problems. They brush it off or deal with it in a dysfunctional way. They don't tend to play the role of a counselor, or guidance kind of figure either. So they (the parents) pretty well abandon the role that parents might normally play.

According to service providers it appears that these adolescents are often called upon to render parental duties. Parents of adolescent sexual offenders are perceived as neglecting to fulfill their parental role and often call on the child to accomplish many tasks that are normally assigned to

the parental figures. This information may prove beneficial in understanding adolescent deviant sexual behavior, however, it is not a factor that contributes to the sexual nature of the primary care environment. Therefore, it is not recommended that questions designed to explore this phenomenon be included on the proposed scale.

However, it is recommended that the proposed scale examine the sexual role adolescents take on within their primary care environment. While the majority of service providers taking part in this study did not acknowledge that parents of adolescent sexual offenders place their adolescents in adult sexual roles it is still important that this variable be included on the proposed scale. Service providers are only able to offer their perception of the sexual nature of the home environments of adolescent sexual offenders. As such they may not recognize each and every variable that contributes to this environment. Given this fact and the fact that others have found that adolescents are often called upon to forfill a sexual role in their family (Smith & Israel, 1987), it is recommended that this variable be included on the proposed scale.

Violence in the Primary Care Environment

Previous studies provide clear evidence that sexual aggression is associated with exposure to domestic violence. Such findings suggest that exposure to both physical and sexual aggression between parental figures may operate as a generalized risk factor for the commission of different types of violent acts, including sexual aggression (Spaccarelli et al., 1997). Davis and Leitenberg (1987) avow that when aggression and marital violence are modeled, the adolescent learns that this is acceptable behavior no matter what the situation. Therefore, adolescents who are exposed to violence between parental figures may be more apt to act out aggressively in sexual situations. Hence, while physical violence may not contribute to the sexual nature of the primary care environment, it may act as a moderating variable in the commencement of deviant adolescent sexual behavior. It is possible that physical violence in conjunction with the sexual nature of the primary care environment led the adolescent to engage in deviant sexual behavior. To be more specific, while the sexualized nature of the primary care environment may influence

the adolescent to engage in sexual acts, exposure to physical violence may influence aggressive reactions in the adolescent. The association of these two variables may provide further explanation as to why these juveniles chose to engage in sexually aggressive acts. Therefore, inquiries were made to service providers concerning both the physical and sexual violence that takes place in the primary care environment of adolescent sexual offenders.

Sexual Violence. Service providers taking part in this study indicated that while sexual violence is not present in the primary care environment of all adolescent sexual offenders, it does occur in the majority of these homes. Seventy-six percent of the service providers interviewed stated that they had worked with adolescents who had been exposed to sexual violence while in the primary care environment. This sexual violence often presented itself in one of three forms. These forms include sexual abuse of the adolescent, parental violence related to sexual issues, and sexual abuse of the mother.

Several service providers participating in this study denoted that many of their adolescent sexual offender clientele were the victims of sexual violence. The perpetration of sexual violence against these adolescents often occurred in their own home and at the hands of a caregiver. Service providers, who indicated that such sexual victimization took place in the primary care environment, felt that this victimization was indeed violent in nature. Subject # 4 felt that "anytime a child has gone through sexual abuse, I believe that's violent in and of itself." Subject # 2 describes the sexual offenses committed against these adolescents in greater detail.

> I would say, the sexual violence, I would call most of it violent. I guess you would say because you have children that are being forced by their parents to do things that they do not want to do. But I have parents that have anally forced themselves on their children. I've had a boyfriend that forced a son to have sexual relationships with the mother. And I would say, in just about all, in any of those kind of occasions, I would consider that violent. If there wasn't hitting involved, I still think they were violent.

While this type of sexual violence did not occur in every home of the adolescent sexual offender, according to service providers it is a reality many of these adolescents encountered. Therefore, the proposed scale should include items to investigate the adolescent's sexual victimization.

Service providers also report that these adolescents were exposed to parental violence in relation to sexual events. Subject # 15 offers clarification concerning this issue.

> Usually there is a good deal of violence in these homes, and it may accompany or be surrounding sexual events, as well. There may be not a direct connection, such as in hostile rapes, but nevertheless, frequently when the family is stressed and facing difficulties, there's sexual acting out by the parents. So usually when the parent is displaying some of their more violent or aggressive behavior, drinking and abusing family members, there may be sexual acting out as well. It occurs a high percent of the time.

In such cases adolescents may not witness the actual sexual victimization of the mother but nevertheless physical violence is being associated with sexual acts. Subject # 12 also made this particular connection.

> I would say it's pretty high level, or can be pretty high level, with the male being more or less, feeling like the female is there for his needs. It's not just sexual violence, but the overall pattern. He could just as easily beat mom for not putting out sexually as he would for spending too much money or whatever, just typical domestic abuse pattern.

Service providers also report that adolescents have been directly exposed to the sexual victimization of their mothers. Subject # 13 acknowledged this exposure.

> You do see a lot of kids growing up with mom being sexually abused by all of her relationships and a lot of times you see the moms going from man to man and getting sexually abused by each one.

Subject # 14 also confirmed that such exposure takes place in the primary care environment of these adolescents.

> Oh, just basically abuse, and you've got some people who are somewhat sadistic. And a lot of them (adolescent sexual offenders) have seen their father rape their mother, you know, without her consent. You know fighting and yelling.

Whether it be their own sexual abuse or the sexual abuse of their mother, it does appear that many adolescent sexual offenders have been exposed to sexual violence while in their primary care environment. Given the fact that such violence is sexual in nature and the fact that it is occurring in the primary care environment, it is recommended that this variable be included on the proposed scale.

Physical Violence. Sixteen of the twenty-one service provides interviewed recognized that adolescent sexual offenders are often exposed to sexual violence, however, all twenty-one of these providers acclaimed that physical violence was a dominant factor in the primary care environments of these adolescents. While not all of these adolescents are perceived as observers of or victims of sexual violence, the vast majority of them are seen as being exposed to physical violence. Several of the service providers profess that the physical violence transpiring in these homes is significantly higher than sexual violence. Subject # 14's statement captures this perspective.

> Oh, that's (physical violence) a lot higher (than sexual violence). I've seen probably sixty, seventy percent of them come from that type of abusive homes. Witness and experience, I'd say the overwhelming majority.

As indicated in Subject # 14's comments adolescent sexual offenders often witness physical violence between their caregivers and are frequently victims of such abuse. Subject # 10's remarks also illustrate the nature of physical violence that occurs in these homes.

> There's a fair amount of violence. Gosh, I'm trying to think in round numbers of the number of boys in the program. Yeah a fair number of them have had both violence towards them or observed it toward a parent or between parents or adults in the home. A fair number of them have had that exposure. I mean everything from extremely

> aggressive discipline to observing domestic violence within the home. I mean it's a broad range.

Subject # 11 confirms that a vast majority of the primary care environments of adolescent sexual offenders were wrought with domestic violence stating that "about ninety-nine percent of them (adolescent sexual offenders) have physical violence within the home system." Subject # 12 is in agreement and affirms that there is "frequent physical abuse going on between adults, and from the parent, primary caregiver to the child." Statement after statement from these service providers testifies of the physical violence transpiring in the primary care environment of these adolescents. Subject # 16 clarifies the types of physical violence that occur in these homes.

> Oh geez. Well, there are beatings. There are beatings with objects. There's sexual behavior involving objects and pain. There's yelling and screaming which provokes emotional pain. There's guilt-tripping. I mean hitting, kicking, and pinching. I mean all those kinds of things may end up being involved.

Some adolescents have indicated to service providers that they are party to extreme acts of physical violence. Subject # 4 recognized these extremely violent circumstances.

> There's excessive physical violence in these homes. Everything. I'll give you some examples. Penis being burned with cigarettes. A guy who covered the child's head until he passed out and the mom had to revive him. You know, knocked against the wall so much they had frontal lobe damage. Killing the family cat and cooking it. Just a few examples.

Service providers submit that adolescent sexual offenders are often exposed to both sexual and physical violence. It seems that both types of violence act are perceived as contributoring to the sexual nature of the primary care environment. While sexual violence directly contributes to this environment, physical violence can be conceptualized as a moderating variable between the sexual nature of the primary care environment and the adolescents' deviant aggressive sexual behavior. According to service providers, adolescents are taught that physical

violence is a means of controlling another individual. This means of controlling someone through physical violence often plays out in their sexual behavior. Subject # 12 describes this link.

> I think that what happens, they get to the point, especially among a narcissistic power rapist types where they don't make a distinction between a violent control type action and having sex. It becomes, it can become the same thing to them. Here again, it gets back to the whole deal that rape isn't a crime of passion, it's a crime of violence, so it can be a control trip for them. And it, if they were molested themselves, it's a way for them to take on the persona of the attacker. That's probably, I've seen that proved out several times. They feel like they're gaining control somehow back from taking on the persona of the attacker. So it's a, yeah, it affects them very deeply.

Given the probable effects of both sexual violence and physical violence on the sexual nature of the primary care environment, it is recommended that the proposed scale assess each of these variables.

Several themes were identified in comments made by service providers (See Table 32). Many of these themes helped to verify previous assumptions made concerning the sexual nature of the primary care environment of adolescent sexual offenders. It is recommended that previous literature concerning these issues and the current information concerning these themes be utilized in the development of a scale to assess the sexual nature of the primary care environment of adolescent sexual offenders.

Overriding Themes

Several overriding themes appeared throughout the interviews. These perceived themes included a lack of supervision, poor or inappropriate communication concerning sexual issues, and a normalization of inappropriate sexual behavior. Each of these factors appeared through the course of each interview. As such, they were not limited to particular sections of the interview. Given the prevalence of these themes, it is also recommended that each of the following overriding theme be examined on the proposed scale.

Lack of Supervision. Service providers suggested that a major problem in the primary care environment of adolescent sexual offenders is a lack of supervision or monitoring the adolescent's sexual behavior. Service providers affirmed that this lack of supervision was a general theme in the home environment of adolescent sexual offenders. In addition, subjects participating in this study indicated several specific areas where this lack of supervision was manifested. A lack of supervision was noted in regards to parental sexual behavior, sexually explicit materials, and sexual rules.

Service providers felt that in general parents of adolescent sexual offenders were negligent in supervising their adolescent behavior. Subject # 4 proclaimed that "a lot of homes had several children left unsupervised in the home". Subject # 8 stated that, "most of these kids don't have a stable home life. Most of them are left on their own to do what they want to do. Very little supervision." Subject # 10 elaborated on this issue.

> Absolutely. I think a huge percentage of their behavior is due to a lack of supervision. Either in their own home or in the homes that their sons visit. Huge supervision gaps. The parents have told us they communicate very little if any with the parents of the friends that their children are spending time with. Their son's staying over at someone else's house, they don't check into it, you know, by the way, what kind of supervision are you going to have? Those questions just don't seem to ever get asked.

In addition to this general lack of supervision, service provider highlighted several other areas that they felt parents neglected to supervise their adolescents. One such domain that lacked the appropriate supervision was that of the parents' sexual behavior. Several providers indicated that parents of adolescent sexual offenders rarely took the appropriate precautions to ensure that their adolescent did not witness their sexual interactions. Subject # 16 addressed this issue.

> And then there are other parents who are lazy (when it comes to guarding their own sexual behavior). It's like, nah, don't worry about it because it would require them to

> actually get up and do something. So, lack of supervision, yeah, sometimes that's through ignorance and sometimes that's through laziness. That's, I would guess, pretty prevalent.

While Subject # 16 contributes this lack of supervision to laziness or ignorance, Subject # 9 felt that substance abuse contributed to parents failing to supervise their children and safeguard them against their sexual escapades.

> Families where maybe there's substance abuse, and so the parents are not adequately supervising, you know, they've got unsavory people in the house and you know all kinds of things are going on. And they aren't thinking about the effects of being exposed to sexual behavior on the kids.

No matter the reason for this failure to supervise, it is apparent that according to the perception of service providers parents of adolescent sexual offenders often do not take the appropriate steps to prevent their adolescent from observing their sexual encounters.

Service providers also alleged that parents of these adolescents failed to monitor sexually explicit materials. Seventeen of the twenty-one service providers interviewed specifically mentioned that parents neglect to monitor their adolescents' exposure to sexually explicit materials. Subject# 10 explains how parents often fail to censor certain materials and how such failure leads to pornographic exposure.

> In my experience, exposure to inappropriate materials, you know, pornographic materials in the home, there's non-censoring of sexually explicit cable contact, or home videos that have been kind of uncensored. It's been more of an unsupervised exposure.

Subject # 10 goes on to explain that pornographic exposure has become even more prevalent with the advent of the Internet and with cable television becoming more and more sexually explicit.

> "More and more it's becoming the Internet, and it's a fairly recent phenomenon. But I know a number of boys I've talked to recently, it's you know, that the parents now have access to fairly explicit cable stations, and that sort of thing. And rather than putting any

> parental guards in place, it's like don't tune into Cinemax or don't look at that stuff on the Internet. But no steps are taken."

Parents of adolescent sexual offenders are perceived as not taking the proper precautions to ensure that their adolescents are not exposed to such materials. Subject # 9 felt that while parents may prohibit their adolescent from viewing such materials, they are unwilling to remove such materials from the home to ensure that this exposure will not take place because of their own desire to have access to sexually explicit materials.

> But they'll say things like, well, they know they're not allowed to watch certain channels on TV, but the channels are still available on TV. Or they'll say, you know, I keep that channel because after the kids go to bed, then I want to watch what I want to watch, and they ignore the fact that you know the channel is always there and they're not always monitoring the kids. So they kind of say one thing, and then you know but in reality they don't want to give up anything of their own. So they don't want their kids to do it, but they don't really want to give it up.

According to service providers it seems that a major problem within the primary care environment of adolescent sexual offenders is a failure to properly monitor pornographic materials. As stated by Subject # 14, "Parents just don't take adequate measures to prevent them from watching it." This failure to monitor adolescent exposure to sexually explicit materials contributed to the recognition of the overriding theme of a lack of supervision.

Service providers also affirmed that parents of adolescent sexual offenders neglect to monitor their adolescents' sexual behavior through sexual rules. Service providers proclaimed that very few if any rules concerning sexual behavior were established within the primary care environment of these adolescents. Service providers linked this deficiency of sexual rules to a lack of proper supervision. Subject # 12 explained this connection.

> Supervision is absent when it comes to controlling the adolescent's sexual behavior. After they've gotten into trouble, part of what we try to do is get the parents to establish

> sexual rules, curfews, who's suppose to be where, appropriate age, consent, that sort of thing. But prior to the sexual offense this is something that's just not talked about. I mean it's taboo.

Several service providers agreed that before the offending behavior occuredhere are very few rules in place to supervise the adolescent's sexual behavior and that even after the adolescent had been recognized as a sexual offender, supervision was still a problem. Subject # 3 explains:

> Only when they caught them (are rules set up). And when it was, their level of how they tried to control it was pretty inadequate. But if they were caught, mostly that was with sibling abuse, if there was some sort of incest in the home, then sometimes that would target supervision, but very little.

According to service providers even if parents were setting up rules to guard against improper sexual behavior, they were perceived as doing very little to ensure that these rules were enforced. Subject # 4 explains that "supervision was certainly a problem in biological homes. So setting up the so-called rules was one thing, but supervising and enforcing was another." Subject # 9 confirms that parents may indeed establish rules concerning sexual behavior but that's there "no real follow-up to make sure the kids are abiding by the rules."

According to the perception of service providers, one of the major factors in the primary care environment of the adolescent sexual offender is a lack of supervision. Service providers recognized that supervision was generally lacking in these environments and listed specific areas where supervision was deficient. These areas included monitoring adolescent exposure to parental sexual behavior and sexually explicit materials, and a failure to set up sexual rules. Due to the prevailing nature of this theme, it is recommended that the proposed scale include items to assess the type and amount of supervision that takes place in the primary care environment of adolescents who display deviant sexual behaviors.

Poor Communication Concerning Sexual Issues. An additional theme that seemed to manifest it's self throughout each interview was that of poor or inappropriate communication

concerning sexual issues. Service providers noted that parents of adolescent sexual offenders often fail to discuss sexual issues such as general sexual education issues, their own sexual behaviors, sexual rules, and sexually explicit materials.

As previously noted, service providers indicated that parents of adolescent sexual offenders rarely engaged in formal sexual education with their adolescents. Subject # 3 declared that there was "no direct conversations with the parents" about sexual issues. Each service provider participating in this study affirmed that these parents do not attempt to formally educate their adolescents concerning sexual issues through direct conversations. Subject # 17 explains that while sexual propaganda is prevalent in our society, it seems that individuals still feel very uncomfortable openly discussing sexual issues.

> We have an interesting dichotomy in this country where we are fascinated with sexual things. It draws us to movies. It draws us to places to eat. It's used to sell everything from cars to shampoo, and yet on a just being able to discuss sexual themes, we have very great difficulty and become very uneasy. I think the sexual revolution of the sixties only freed up the behaviors. It didn't free up the ability to communicate, which is probably what needed to be freed up, rather than necessarily just the behaviors. Parents of sexual offenders have a big problem with that.

Service providers note that this apprehension to openly discuss sexual issues is prevalent in the primary care environment of adolescent sexual offenders. Subject # 9 noted that it was his/her suspicion that "these parents are uncomfortable talking about sexual issues." Parents of these adolescents are also perceived as failing to discuss sexual behaviors to which their adolescents have been exposed.

Service providers felt that while a vast majority of adolescent sexual offenders have been exposed to explicit sexual acts either through sexually explicit materials or their parents' sexual behavior these issues are rarely addressed by their caregivers. Subject #6 explained how parents often fail to discuss or explain sexual act observed in movies or videos.

> Then there are other (parents) that are very loose and aren't very careful like say watching a movie or videos with sexual content with the kids, but they're not explaining anything about it which is a big part of the problem

Subject # 21 confirmed that parents do not discuss the sexual materials that adolescents observe through the media.

> Parents don't communicate with their kids about what they see on television. Before treatment they don't talk at all about sexual behaviors, again, because they really don't see with their kids as that being an issue.

Participants also explained that they perceive that parents often fail to discuss sexual issues with their children when their children witness them engaging in sexual behaviors. According to the service providers participating in this study, many of these children have been party to their parents sexual behaviors but little to no discussion takes place concerning this issue. Subject # 10 offered the following statement regarding this issue.

> And a fair number of children who have, in their own, particularly the younger years, have even observed adults in the home engage in sexual activity. But there's very little direct communication about that.

Subject # 8 confirmed that while adolescent sexual offenders may witness their parents' sexual behavior, they receive no dialogue from parents concerning this exposure.

Service providers' comments suggest that a lack of communication concerning sexual issues is prevalent in the primary care environment of adolescent sexual offenders. According to service providers these adolescents not only receive very little formal education concerning sexual issues, they are also not educated on sexual issues which they directly observe. Service providers noted that while these adolescent are often exposed to sexually explicit materials or parental sexual behaviors, these issues are rarely discussed. According to Subject # 20 adolescents often have questions about these sexual issues but they're not sure whether they're supposed to ask questions or not so they often come up with their own conclusions. Therefore,

these adolescents are often left to their own devices to figure out such sexual behaviors and as Subject # 6 asserts this failure on the parents' part to explain such behavior is often "a big part of the problem." Subject # 15 explains why this lack of discussion may indeed lead to problematic sexual behaviors.

> Usually dysfunctional families where constructive sexual behavior is not discussed, but a good deal of information is derived from overt dysfunctional sexual behavior displayed right in front of them.

Therefore, according to the perception of service providers that adolescent sexual offenders are seen as deriving a significant part of their sexual education from materials that are erroneous in nature (sexually explicit materials) or from sexual behaviors that they do not understand (parental sexual behaviors).

According to service providers, parents of adolescent sexual offenders are also negligent in discussing sexual rules with their adolescents. Service providers assert that many parents simply do not have conversations with their adolescents concerning rules regarding sexual behaviors. Subject # 3 acknowledged this lack of communication and stated that most of the homes "didn't have any (sexual) rules at all" and that "the parents just really didn't have any dialogue about sexual rules or anything."

Service providers felt that when such conversations concerning sexual rules did take place, parents often directly instructed adolescents not to engage in certain sexual behaviors but declined to explain in detail what that restriction entails or why the restriction has been put in place. Subject # 10 explains:

> They're often told what not to do without any explanation of what that means, what that 'not' is and why. So rather than getting a healthy description of what sexual activity is, they get a prohibitive statement of what they shouldn't do without any clear explanation of what appropriate sexual behavior is at a given age or even accurate information about sexuality.

While it seems that such adolescents are presented with sexual rules from their parents, service providers perceive that these parents do not constructively explain the logistics of these rules. According to service providers such adolescents are left to conclude for themselves what these rules actually mean and why they have been put in place.

A factor that seems to be fairly consistent in the primary care environment of adolescent sexual offenders is a general lack of communication concerning sexual issues. According to service providers' perceptions very little direct communication takes place between parents and adolescent sexual offenders concerning sexual issues. Service providers note that these parents neglect to discuss sexual education issues, their own sexual behaviors, sexual rules and sexual acts observed in pornographic materials. Given the fact that this particular theme, poor communication concerning sexual issues, appeared throughout each interview, it is advocated that the proposed scale explore this issue.

Normalizing Inappropriate Sexual Behaviors. The final overriding theme identified in interviews with service providers was that of normalizing sexual behaviors. According to service providers' perceptions, sex has become normalized in the eyes of the adolescent sexual offender. Since these adolescents have been continually exposed to parental sexual behavior, sexually explicit materials, and have themselves often been the victims of sexual abuse, sex is perceived as being a part of these adolescents' everyday lives. As such, service providers felt that deviant sexual acts are not seen as abnormal or inappropriate by the adolescents but as normal sexual behavior. Many service providers stated that numerous adolescents have adopted the attitude that "that's just the way life is."

According to service providers the prevalence of sexual variables in the primary care environment has caused sex to become a normal way of life for these adolescents. According the Subject #5 engaging in sexual behaviors, even deviant sexual behaviors was not conceptualized by these adolescents as problem behavior by virtue of the fact that they had been taught that "sex was no big deal." Subject # 2 confirmed this normalization of sexual behaviors.

> It was normal, typical behavior (sexual behavior) and they were rewarded for it. Again, it may be because that's just the way it was, a normal feeling same, as I said before. Sex is a way of life.

According to service providers, it seemed that it did not occur to these adolescents that sex should be any different than the way it was portrayed in the home. Subject # 2 confirms this perception.

> That was kind of, with them that was kind of like a normal life (sexual behavior).
>
> They just thought that that had been normal life and everybody else did it.

Behavior such as having sex with one's parents, watching parents engage in sexual acts, and viewing sexually explicit materials were seen as a way of life for these adolescents and according to Subject # 2 the basic assumption held by these adolescents was that everybody else engaged in similar behaviors.

Service providers also perceived that parents of adolescent sexual offenders often normalize their adolescents' deviant sexual behaviors. According to service providers, parents often depicted to their adolescents that such behavior was normal for adolescent boys and as such gave their implied approval. Subject # 20's comments were forthcoming in describing this situation.

> The kids experiment, the parents are often saying well, you know, they're just playing, they're just checking each other out. But they kind of almost give tacit approval because they say, well you know, adolescents will be adolescents. They're going to experiment, even if it's with a younger kid.

Subject # 1 explained while parents may not directly offer approval for the adolescent's deviant sexual behaviors, they often minimize the effects of the adolescent's behavior and question the need for intervention.

> Parents seem to reflect that it's (sexually abusive behavior) not a problem. Why are you (therapist) making such a big deal about it?

Subject # 10 confirmed this minimization by parents.

> Occasionally we run into a number of parents who will describe almost a tacit approval, certainly not approval, but a minimization of any problem behaviors, even when they have been identified, even on occasion when there have been investigations by DHS. I've had parents in parent group minimize and in fact, express in front of their child who's there for treatment, their belief that it either didn't happen or that the other person was lying or it was no big deal. I mean, often that's said in front of the child, so there's a total minimization.

Service providers indicated that it is their perception that this bestowal of approval and minimization of the adolescent's deviant sexual behaviors contributes to the adolescent's perception that their sexual behavior was typical and even justified because "boys will be boys". It is recommended that this overriding theme be examined in the proposed scale.

Unanticipated Factors

In order to elicit information from service providers concerning the sexual nature of the primary care environment, questions surrounding this issue were first developed. In reviewing the literature, it appeared that several factors were postulated to personify the sexual nature of the primary care environment of the adolescent sexual offender. These variables include sexual education, parental sexual behaviors, exposure to sexually explicit materials, sexual boundaries within the primary care environment, family rules and roles concerning sexual issues, and witnessing physical and sexual violence between parental figures. Questions concerning each of these issues were formulated in order to verify prior assumptions within the literature concerning the sexual nature of the primary care environment of adolescent sexual offenders.

In order to fully examine the sexual nature of the primary care environment of adolescent sexual offenders, service providers were also given the opportunity to discuss variables that had yet to be identified in the literature. In order to elicit this information service providers were asked if there were any other sexual issues concerning the primary care environment that they thought the primary investigator should take into consideration when attempting to describe the

sexual nature of this environment. Two themes were identified from service providers' responses to this inquiry. These variables included parental drug and alcohol use and prostitution.

Parental Alcohol and Drug Use. Thirteen of the twenty-one service providers interviewed felt that parental drug and alcohol use contributed to the sexual nature of the primary care environment of adolescent sexual offenders. Service providers felt that drugs and alcohol contributed to the sexual nature of this environment in several ways. Many service providers believed that parents were unable to properly supervise their adolescents' sexual behaviors because they were often under the influence of drugs and alcohol. Subject # 11 describes this situation.

> Most of them (parents) use drugs and alcohol. When you're under the influence, you sure can't keep an eye on your kids. And when you're drunk and you come down or you're stoned and you come down, a lot of times you can't provide supervision for your kids. I think it enhances the fact that they (parents) won't be able to supervise.

Subject # 14 confirms this assumption and stated that, "the majority, probably 80% of the homes have alcohol and drug abuse in them. It affects the parent ability to supervise." In addition to affecting a parent's ability to properly supervise their adolescents, service providers also felt that drug and alcohol use often lowered parents' inhibitions that led to sexually inappropriate behaviors. Subject # 3 explained that the occurrence of both sexual and physical abuse increases with the amount of drug and alcohol use in the home. Subject # 16 confirmed this occurrence and also explained why this phenomenon might take place.

> I would guess there's high drug and alcohol use in the homes where these kinds of things happen, there's more emotional pain, and so there's a greater likelihood of the use of illicit drugs to self-medicate. We also know that, particularly with alcohol, one of the major effects is disinhibition. So that under the influence of alcohol people will do things they won't do sober.

Service providers recognized that this disinhibition often led to adolescent exposure to parental sexual behavior, a violation of sexual boundaries, and sexual abuse of the adolescent. Given the potential effects of parental alcohol and drug use and the fact that many service providers participating in this study identified this factor as contributing to the sexual nature of the primary care environment, it is recommended that this variable be further examined on the proposed scale.

Prostitution. Six of the twenty-one service providers participating in this project also perceived prostitution as a contributing factor to the sexual nature of the primary care environment of the adolescent sexual offender. While the majority of service providers did not recognize this variable as a contributing factor to the sexual nature of the home environment, the decision was made to include it as an unanticipated theme. This decision was made by virtue of the fact that one is only able to define a narrow segment of this environment given a limited and specified sample. Therefore, any variable that is repeatedly referred to seems to warrant further investigation.

Service providers perceived that prostitution occurred in one of two ways within the primary care environment. Either adolescents observed their mother engaging in acts of prostitution or they themselves were prostitutes out. Subjects # 16 offered insight into each of these avenues of prostitution.

> We've had over the years a variety of kids whose mothers were involved in prostitution and drug abuse, and you know, there have been a few cases where the mothers actually traded their children, if you will, prostituted their own children for drugs, for cash to get drugs, or who openly had sex with paying customers with their children in their apartment or home.

Subject # 12 also documented such behavior.

> In some cases, the males were prostituted by their parents. A couple of cases where the parents were into prostitution themselves and even paid, were paid to have sex with their children in front of their clients, that sort of thing.

Subject # 16 recalled specific incidents where adolescents had been forced to engage in sexual relationships for payment.

> Well, gosh, I hate to go into all the sordid details. A lot of them used the children sexually for other's pleasure or for other's entertainment. There was one that had a bar and used the child, kept him in the back room for all the patrons that wanted. And then I had ones where they (the children) were the ones they were videotaping.

In lieu of the fact that several service providers recognized both parental and adolescent prostitution as possible contributors to the sexual nature of the primary care environment it is recommended that the proposed scale include this variable.

In addition to verifying the presence of several sexual variables in the primary care environment of adolescent sexual offenders, service providers also noted the presence of two unanticipated factors. Service providers participating in this project felt that both parental alcohol and drug use and prostitution also contributed to the sexual nature of this environment. This is a significant addition to the current literature concerning the sexual nature of the primary care environment of adolescent sexual offenders. In order to verify the presence of these variables it is recommended that items that examine these variables be included on the proposed scale.

CHAPTER VI

SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

Practitioners and researchers working with adolescent sexual offenders have been virtually united in recognizing the primary care environment's crucial influence in the development of sexually offending behavior (Bischof, 1995). As such, many experts in this field are calling for a comprehensive approach when attempting to explain deviant adolescent sexual behavior (Araji, 1997). This approach would go beyond an examination of the individual characteristics of the adolescent offender and would include an assessment of the primary care environment of the adolescent. Although this recommendation has been made and there is a fair amount of speculation concerning the primary care environments' influence on the commission of a sexual offense, little scientific research has been conducted to confirm or disclaim these assumptions. One area that has been particularly neglected is the sexual nature of the primary care environment of adolescent sexual offenders. The current study attempted to address this gap in the literature by examining the sexual nature of the primary care environment of adolescent sexual offenders.

Consistent with family systems theory, the researcher of the current study recognized the interdependence among the adolescent sexual offender and the primary care environment. The adolescent sexual offender was recognized as a component within a larger family system. As such each individual within that system was recognized as contributing to the overall composite of the family system and the adolescent's sexual behavior was conceptualized as emerging from mutual interactions of each member within that system. This intrasystemic entanglement was believed to be so complete that attributing blame solely to individual characteristics of the adolescent sexual offender was thought of as being insufficient and incongruent with what was occurring in the

system. In lieu of the fact that the components of a system have been shown to be interrelated (Montgomery et al., 1988), the behavior of each component within the system was viewed as affecting all other components. Consequently, the adolescent's deviant sexual behavior was examined within the family context. Specifically, individuals who provide counseling and/or mental health services to adolescent sexual offenders were asked various questions concerning the sexual nature of the primary care environment of these adolescents.

Several variables within the primary care environment of the adolescent sexual offender have been assumed to influence deviant adolescent sexual behavior. These variables include the sexual education of the adolescents, sexual boundaries within the primary care environment, sexually explicit behaviors demonstrated in the primary care environment, sexually explicit materials available in the home, family roles and rules concerning sexual issues, and exposure to physical and sexual violence. In order to verify the presumed influence of these variables on the commission of deviant sexual acts by the adolescent, service providers taking part in this study were asked several questions concerning these issues.

Sexual Education in the Primary Care Environment

Service providers participating in this research project concurred with Ryan's (1991) assumption that the primary care givers of adolescent sexual offenders fail to provide these adolescents with any direct information concerning sexual issues. Each service provider perceived that no formal or direct sexual education takes place between the parent and the adolescent sexual offender. Service providers noted that sexual education was more likely to take place through indirect means, including parental sexual behavior and through parental attitudes surrounding sexual issues. Service providers noted two prevailing attitudes that they felt contributed to the sexual nature of the primary care environment of the adolescent sexual offender. These attitudinal themes include a nonchalant and promiscuous attitude toward sex or sexual issues. Service providers perceived that both parental sexual behavior and parental sexual attitudes contributed to the sexual education of the adolescent.

In addition to recognizing indirect parental sexual education that took place within the primary care environment of adolescent sexual offenders, service providers also acknowledged other source of information which they perceived as contributing to the sexual tutelage of the adolescent. These sources included the sexual abuse of many of the adolescents, sexually explicit materials, their peers, and parents or other family members. Service providers indicated that sexually explicit materials provided the most abundant source of sexual information and that parents or other family members provided the least sexual information.

Exposure to Parental Sexual Behavior and Sexually Explicit Materials

Adolescents who display deviant sexual behaviors may come from a broad range of primary care environments. However, Johnson (1993) reported that children who act out in sexually aggressive ways are generally raised in overly sexualized environments. Displays of overt sexual behavior between parental figures and pornographic materials are common in these homes. Caregivers in these types of environments often stimulate a sexual climate within the home by failing to prevent, and at times instigating, situations in which their child observe their sexual behavior and/or pornographic materials (Becker, 1998).

Several studies lend validation to Johnson's assumptions. Such studies indicate that adolescent sexual offenders are often exposed to sexual activity between their parents or one parent and another party and are often exposed to pornography and/or sexually explicit material (Johnson, 1993; Smith & Israel , 1987). The current study offers further validation to these findings. Service providers noted that while not all adolescent sexual offenders with whom they had counseled had been exposed to parental sexual behavior a proportion of them had been party to such behavior. Likewise, service providers noted that the vast majority of adolescent sexual offenders had been exposed to pornographic materials. Service providers indicated that several different types of pornographic materials were available within these primary care environments. They included cable television, videos, movies, magazines, the Internet, and hard core porn.

Service providers perceived that adolescent were exposed to each of these types of sexual behavior either by virtue of carelessness on the part of their caregivers or they were forced to observe such behavior to enhance the sexual pleasures of their parents. Parents were seen as being apathetic toward their adolescent exposure to such materials and at times encouraged such observations. Parents were also said to deny the detrimental effects of such behavior on the adolescent.

Sexual Boundaries in the Primary Care Environment

Sexual boundaries that exist within the primary care environments of individuals who display deviant sexual behaviors are an important area within the family system that needed further examination. To date, few researchers have attempted to empirically examine the type of sexual boundaries that exists within the primary care environment of adolescent sexual offenders (Levang, 1989). The literature that does report on this issue asserts that the sexual boundaries around the marital subsystem within the primary care environment are observed to be quite open. Specifically, children in this type of environment are often allowed to observe and at times engage in sexual behavior typically reserved for only the husband and the wife (Levang, 1989). In an attempt to learn more about this phenomenon, the current study examined the perception of service providers concerning the sexual boundaries that are found within the primary care environment of adolescent sexual offenders.

According to service providers participating in the current project the sexual boundaries around the marital subsystem within the primary care environment are perceived as being quite open. The sexual boundaries around the adolescent subsystem were also perceived as being open. In fact service providers participating in this project asserted that it appeared to them that no sexual boundaries were in place in regards to personal space of adolescents surrounding sexual issues, the adolescent's sexual boundaries, and parental sexual behavior.

Family Rules Concerning Sexual Issues

As of yet, little research has been conducted to examine family rules concerning sexual issues in the primary care environment of the adolescent sexual offender. Johnson and Feldmeth (1993) have hypothesized that few if any spoken rules relating to sexual issues exist within the primary care environment of an adolescent sexual offender. In order to gain more knowledge concerning the sexual rules that exist in the primary care environment of adolescent sexual offenders, service providers were asked to describe the types of rules that typically exist within the primary care environment of adolescent sexual offenders that revolve around sexual issues. Service providers provided valuable information to aid in one's understanding concerning this issue.

The majority of service providers perceived that few sexual rules exist within the primary care environment of an adolescent sexual offender. Seventeen of the twenty-one service providers interviewed noted that very few rules concerning sexual matters are ever put into place in the homes of adolescent sexual offenders. Service providers indicated that for the most part such rules are not a part of the family structure until the adolescent is identified as perpetrating a deviant sexual act. However, it was the opinion of service providers that even when attempts were made to monitor the adolescent's sexual behavior caregivers were often negligent in their attempts to enforce these rules. According to service providers it seems that while some parents are attempting to set up rules to guide their adolescent sexual activities, they are doing very little to ensure that their adolescents abide by these rules. According to the perceptions of service providers, the sexual rules that do exist in the primary care environment are simply stated but rarely require compliance.

Family Roles Concerning Sexual Issues

Little research has been conducted to assess the family roles in the primary care environment of an adolescent sex offender. Smith and Israel (1987) hypothesize that the roles of family members concerning sexual matters are unclear in such homes. Research that has been

conducted concerning this issue found that mothers of adolescent sexual offenders often act seductively toward their sons. These mothers were openly flirtatious and provocative with their sons (Smith & Israel (1987). As such adolescents were seen as taking on an adult sexual role within the primary care environment.

The majority of service providers participating in this study did not indicate that adolescent sexual offenders are called upon to fill an adult sexual role within their primary care environments. Only six subjects indicated that they had counseled adolescents who had taken on adult sexual roles within their primary care environment. The service providers that recognized this role implied that such adolescents are called upon to take the role of a sexual partner or that of a sexual confidant.

While only a small portion of the service providers indicated that adolescent sexual offenders were placed in an adult sexual role within the family, the majority of service providers taking part in this study did perceive that these adolescents were generally placed in parental roles. Fourteen of the twenty-one subjects interviewed accredited parents with placing their child in an parental role within the family. According to service providers participating in this study, it seems that rather than enlisting the child as a sexual partner or confidant the majority of parents of adolescent sexual offenders are failing to perform their role as a parent and are therefore placing the child in this parenting position.

To spite the fact that only six service providers recognized adolescent sexual offenders as taking on adult sexual roles, it is recommended that the proposed scale examine the sexual role adolescents take on within their primary care environment. While the majority of service providers taking part in this study did not note that parents of adolescent sexual offenders place their adolescents in adult sexual roles it is still important that this variable be included on the proposed scale. Service providers are only able to offer their perception of the sexual nature of the home environment of adolescent sexual offenders. As such they may not recognize each and every variable that contributes to this environment. Given this fact and the fact that others have

found that adolescents are often called upon to fulfill a sexual role in their family (Smith & Israel, 1987), it is recommended that this variable be included on the proposed scale.

Violence in the Primary Care Environment

A critical aspect of the adolescent sexual offender's primary care environment that has been investigated is the high rate of physical and sexual violence between parents or parental figures witnessed by the adolescent (Haapasalo & Hamalainen, 1996; Mio, Nanjundappa, Verleur, & Dobkin de Rios, 1986; Smith, 1988). Studies often suggest that a history of witnessing family violence plays a contributing role in the life histories of adolescent sexual offenders. There is evidence from controlled studies that support the notion that the witnessing of physical and sexual violence in the primary care environment is correlated with deviant adolescent sexual behavior (Spaccarelli et al., 1997; Van Ness, 1984). Previous studies provide clear evidence that sexual aggression is associated with exposure to domestic violence. Such findings suggest that exposure to both physical and sexual aggression between parental figures may operate as a generalized risk factor for the commission of different types of violent acts, including sexual aggression (Spaccarelli et al., 1997).

Davis and Leitenberg (1987) avow that when aggression and marital violence are modeled, the adolescent learns that this is acceptable behavior no matter what the situation. Therefore, adolescents who are exposed to violence between figures may be more apt to act out aggressively in sexual situations. Hence, while physical violence may not contribute to the sexual nature of the primary care environment, it may act as a moderating variable in the commencement of deviant adolescent sexual behavior. It is possible that physical violence in junction with the sexual nature of the primary care environment lead the adolescent to engage in deviant sexual behavior. To be more specific, while the sexualized nature of the primary care environment may influence the adolescent to engage in sexual acts, exposure to physical violence may influence aggressive reactions in the adolescent.

Inquiries were made to service providers concerning both the physical and sexual violence that takes place in the primary care environment of adolescent sexual offenders. Seventy-six percent of the service providers interviewed stated that they had worked with adolescents who had been exposed to sexual violence while in the primary care environment. This sexual violence often presented itself in one of three forms. These forms include sexual abuse of the adolescent, parental violence related to sexual issues, and sexual abuse of the mother.

Physical violence was also perceived as being prevalent within this environment. In fact all twenty-one of these providers acclaimed that physical violence was a dominant factor in the primary care environments of these adolescents. According to service providers it seems that while not all of these adolescents are observers of or victims of sexual violence, the vast majority of them are exposed to physical violence. Several of the service providers profess that the physical violence transpiring in these homes is significantly higher than sexual violence.

Overriding Themes

Several overriding themes appeared throughout each interview. These themes included a lack of supervision, poor or inappropriate communication concerning sexual issues, and a normalization of inappropriate sexual behavior. Each of these factors appeared through the course of each interview.

Service providers suggested that a major problem in the primary care environment of adolescent sexual offenders is a lack of supervision or monitoring the adolescent's sexual behavior. Service providers affirmed that this lack of supervision was a general theme in the home environment of adolescent sexual offenders. In addition, subjects participating in this study indicate several specific areas where this lack of supervision was manifested. A lack of supervision was noted in regards to parental sexual behavior, sexually explicit materials, and sexual rules.

An additional theme that seemed to manifest itself throughout each interview was that of poor or inappropriate communication concerning sexual issues. Service providers perceived that

parents of adolescent sexual offenders often fail to discuss sexual issues such as general sexual education issues, their own sexual behaviors, sexual rules, and sexually explicit materials.

The final overriding theme identified in interviews with service providers was that of normalizing sexual behaviors. According to service providers' perceptions, inappropriate sex has become normalized in the eyes of the adolescent sexual offender. According to service providers since these adolescents have been continually exposed to parental sexual behavior, sexually explicit materials, and have themselves often been the victims of sexual abuse sex to become a part of these adolescents' everyday lives. As such deviant sexual acts are not seen as abnormal or inappropriate by the adolescents but as normal sexual behavior. Many service providers stated that numerous adolescents have adopted the attitude that "that's just the way life is".

Unanticipated Factors

A major contribution of the current project is the identification of two, as of yet unrecognized, variables that are perceived to contribute to the sexual nature of the primary care environment. These two variables identified from service providers' responses include parental drug and alcohol use and prostitution.

Thirteen of the twenty-one service providers interviewed felt that parental drug and alcohol use contributed to the sexual nature of the primary care environment of adolescent sexual offenders. Service providers felt that drugs and alcohol contributed to the sexual nature of this environment in various ways. Many service providers felt that parents were unable to properly supervise their adolescents' sexual behaviors because they were often under the influence of drugs and alcohol. In addition to affecting a parent's ability to properly supervise their adolescents, service providers also felt that drug and alcohol use often lowered parents' inhibitions which led to sexually inappropriate behaviors.

Six of the twenty-one service providers participating in this project also noted prostitution as a contributing factor to the sexual nature of the primary care environment of the adolescent sexual offender. Service providers stated that prostitution occurred in one of two ways within the

primary care environment. Either adolescents observed their mother engaging in acts of prostitution or they themselves were prostitutes out.

Conclusions

Service providers participating in this project provided valuable information concerning the sexual nature of the primary care environment of adolescents sexual offenders. Information gathered during interviews helped to verify previous assumptions concerning this environment and two new variables were identified as contributing to the sexual nature of this environment. In addition to the verification and identification of common sexual themes in the primary care environment of adolescent sexual offenders, three overriding themes were also recognized as probable contributors.

The information gathered during this study will aid in the development of a scale to assess the sexual nature of the primary care environment of adolescent sexual offenders. Such a scale would be beneficial for both therapists working with adolescent sexual offenders and the guardians of such offenders. Those working with adolescent sexual offenders would be able to assess the sexual nature of the home environment by utilizing the proposed scale. Professionals could use information gathered by the proposed scale to aid in their treatment of the adolescent sexual offender. Information gathered from this scale could be used to identify adolescents' misconceptions concerning sexual issues. The identification of such misconceptions could elucidate for service providers the areas in which adolescents need further information or clarifications. Such information could possibly aid in breaking the cycle of violence that typically exists in these types of families.

This knowledge would also give individuals working with parents of adolescent sexual offenders the information base to clarify for parents the sexual behaviors within the primary care environment that may be contributing to the sexual deviance of the adolescent. Parents and/or guardians could be counseled to eliminate these components from the primary care environment. Furthermore, parents who have children that are at risk to commit sexually deviant crimes, for

example children with a history of sexual/physical abuse, could take precautionary steps to ensure that the sexual nature of the home environment does not contribute to the possibility of such offenses.

Recommendations for Future Research

The goal of the current project was to initiate the inaugural steps for the development of an instrument to assess the sexual nature of the primary care environment of male juvenile sexual offenders. Prior to the construction of such an instrument the construct of interest, the sexual nature of the primary care environment of male adolescent sexual offenders needed to be clearly defined. The primary goal of this project was to define this construct

Individuals who provide counseling and/or mental health services to male adolescent sexual offenders participated in interviews and their perception of this environment was assessed. In order to develop a scale that truly assesses the sexual nature of the primary care environment of male adolescent sexual offenders it is recommended that the perceptions of several other individuals also be examined. Service providers for adolescent sexual offenders are only able to provide one perspective concerning this environment. In order to gain a more comprehensive understanding of this environment at least six additional perspectives would need to be examined. They include the adolescent sexual offender, their caregivers, the victim given they reside in the same primary care environment, relatives who have had the occasion to observe the primary care environment, the adolescent sexual offender's peers, and individuals in the field of law enforcement who have worked with these adolescents. These individual's perceptions concerning the sexual nature of the primary care environment of adolescent sexual offenders will aid in providing a comprehensive understanding of this environment.

It is also recommended that when collecting data from those individuals who have insight into the primary care environment of these adolescents that a distinction be made between those individuals who have associations with first time offenders and those who have connections to repeat offenders. This distinction may also be made according to the type of offenses committed

by the adolescent. The current study did not control for the type of offenders receiving counseling and/or mental health services from service providers participating in this project. As such those service provides who worked with first time offenders or adolescents who committed less offense sexual crimes, such as voyeurism, painted quite a different picture of the primary care environment than those individuals who had worked with incarcerated adolescent sexual offenders. It is probable that by making the recommended distinction that a more congruent description of the primary care environment of various types of adolescent sexual offenders will be obtained.

In conducting interviews with these individuals it may prove beneficial to conduct a purely open ended interview. The investigator may simply request that the subjects describe the sexual nature of the primary care environment of male adolescent sexual offenders. This would give the subjects the opportunity to describe this environment without the influence of predetermined factors that are thought to contribute to this environment. As such, the data produced from this type of interview would be free from any biases imposed by previous research findings or biases held by the investigator. The investigator could also take into the interview a list of probe questions to investigate various factors once that have been identified by the subject.

Once these individuals have been interviewed and their perspectives have been assessed for reoccurring themes, it is recommended that the proposed scale be constructed. Once this scale has been developed it is recommended that the validity of this scale be examined. A typical scale-validation strategy involves testing the scale of interest with related scales, or criteria (Spector, 1992). Three scales that may be used to establish validity of the current measure include the Family Adaptability and Cohesion Scales III, the Revised Attitudes Toward Sexuality Inventory, and the Sexual Beliefs Scale. The validation of this scale should be confirmed by having adolescent sexual offenders, their caregivers, the victim if they also reside in the same primary care environment, relatives who have had the occasion to observe the primary care environment, the adolescent sexual offender's peers, and individuals in the field of law enforcement who have

worked with these adolescents take the newly developed scale and the recommended criteria scales. A correlation between the recommended criterion scales with the newly developed scale will aid in establishing the validity of the newly developed instrument. For example, if subjects indicated on the newly developed scale that inappropriate sexual boundaries exist within the primary care environment of the adolescent sexual offender, they should also indicate a degree of enmeshment on the Family Adaptability and Cohesion Scale.

The current project has only provided the initial step for the development of a scale to assess the sexual nature of the primary care environment of adolescent sexual offenders. In order to develop such a scale several additional steps must be taken. In order to truly understand the sexual nature of this environment several viewpoint must be assessed and examined. Once these various viewpoints have been investigated the proposed scale can be developed and used to gained valid information concerning the environment of interest. Data gathered from this instrument will aid in one's understanding of the sexual features within the primary care environment of the adolescent sexual offender.

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APPENDIXES

APPENDIX A

RESEARCH MATERIALS

Oral Solicitation

Hello, my name is Christie Cupp, and I am a graduate student at Oklahoma State University. Under the direction of Dr. Kathleen Briggs, I am currently working on my dissertation. The objective of my dissertation is to gain a better understanding of the sexual nature of the primary care environment of adolescent sexual offenders. In order to gain this knowledge, I am seeking to interview individuals who provide counseling and/or mental health services to this population.

I am calling today to request your participation in a study concerning your perception of the sexual nature of the primary care environment of adolescent sex offenders. Your name was randomly selected from a list of individuals who provide counseling and/or mental health services to adolescent sex offenders. Given your background in working with this population, your insight concerning this matter is critical to this study. The knowledge you have gained while working with these adolescents will prove beneficial in furthering our understanding of the sexual nature of the home environment of adolescents who have committed sexually deviant acts.

Have you worked with adolescent sex offenders within the last two years? If so, would you be willing to be interviewed concerning this matter? For your convince, I would like to come to your office to conduct the interview. The interview should take no more than an hour to complete.

Demographic Information

1. Please indicate your gender: Female Male

2. Age: _____

3. Which of the following best describes your race or ethnic group? Circle the best answer.

1 White (Caucasian) **2** African American **3** Hispanic

4 Asian American **5** Native American **6** Pacific Islander

7 Other _____

4. Please indicate the highest level of education you have completed:

1 Bachelors Degree **2** Masters Degree

3 Doctorate Degree **4** ED.D

5 MD/JD

6 Other training, please specify _____

5. What was your Masters Degree in?

1 Psychology **2** Clinical Psychology

3 Counseling Psychology **4** Sociology

5 Criminal Justice **6** Marriage and Family Therapy

7 Other, please specify _____

6. What was your Doctorate Degree in?

1 Psychology **2** Clinical Psychology

3 Counseling Psychology **4** Sociology

5 Criminal Justice **6** Marriage and Family Therapy

7 Other, please specify _____

7. Which license do you have?

1 Licensed Psychologist **2** Licensed Marital and Family Therapist

3 Licensed Clinical Social Worker **4** Licensed Professional Counselor

5 Other _____

6. What is your primary field of study? _____

7. How long have you worked with juvenile sexual offenders? _____ (Number of Years)

8. Currently, what is your title at your place of employment? _____

9. What is your primary area of responsibility? _____

10. What percentage of your working day is spent with adolescent sexual offenders? _____

11. What is your primary work setting?

1 Inpatient **2** Detention Group Center

3 Outpatient **4** Hospital

5 Penitentiary

6 Other, please specify _____

12. Please indicate the types of offenses committed by the juvenile sexual offenders with which you have worked? Circle all that apply.

1 Exhibitionism (Exposure of genitalia)

2 Voyeurism (Observing others without consent)

3 Frottage (Rubbing against others)

4 Fetishism (Stealing underwear or masturbating in another's garments)

5 Obscene Communication

6 Child Molestation

7 1st Degree Rape - Penile penetration

8 1st Degree Rape – Objectile penetration

9 1st Degree Rape – Digital penetration

10 Sodomy

11 Other (Please be specific) _____

Interview Questions

Ice Breaker Question

How long have you worked with adolescent sexual offenders?

Sexual Education in the Primary Care Environment

1. Describe for me the type of formal or direct sexual education these adolescents received while in their primary care environment.
2. What about through informal or indirect means such as parental behavior or parental attitudes toward sex or sexual issues?
3. Where do they primarily get their sexual knowledge?

Exposure to Parental Sexual Behavior

4. What types of affectionate behavior do parents display in front of these adolescents?

Exposure to Sexually Explicit Materials

5. What types of sexually explicit materials are typically available in the home?
6. Do parents know that their adolescents have access to these materials?
7. How do they feel about that?

Family Cohesion – Sexual Boundaries

8. What types of sexual boundaries typically exist between the parent's sexual relationship and the adolescent?
9. What about sexual boundaries concerning the adolescent's sexuality?
10. Do parents ask their adolescent's questions about their sexual behaviors?
11. What types of things do they typically want to know about?

Family Adaptability- Rules and Roles

12. What types of rules typically exist within the primary care environment concerning sexual issues?
13. What types of family roles usually exist concerning sexual issues?

Sexual Violence between Parental Figures

14. Describe the type and amount of sexual violence found in these homes

Physical Violence between Parental Figures

15. Describe the type and amount of physical violence found in these homes.

Closing Question

16. How much influence do you think the primary care environment has on the adolescent sexual offender's deviant sexual behavior?
17. Are there any other sexual issues concerning the primary care environment that you think I should know about?

Confidentiality Form - Transcriber

"I, _____ have been asked by Christie Cupp, a graduate student at Oklahoma University, to transcribe audio tapes collected during interviews."

I understand the following:

1. The information I have been asked to transcribe will be used as data for Christie Cupp's research project.
2. I understand that I will not be allowed to share with any individual the information contained on these audio tapes or transcriptions.
3. I understand that I will not be allowed to make a copy of any of the audio tapes.
4. I understand that I will not be allowed to make a copy of any of the materials I transcribe.
5. I understand that I will not be able to place any transcribed material on my hard drive. I understand that all transcribed material will be saved on a disk provided by Christie Cupp.
6. I understand that all tapes and transcribed materials must be kept in a locked box at all times when they are not being used for transcription purposes.
7. I understand that Christie Cupp will provide me with this lock box.
8. Upon completion of transcribing the data I will return to Christie Cupp all tapes, hard copy of transcriptions, and disks.

I understand that by providing my signature that I agree to all of the above terms.

_____ _____

Signature Date

_____ _____

Witness Date

Introduction to Interview

Hello, my name is Christie Cupp, and I am a graduate student at Oklahoma State University. Under the direction of Dr. Kathleen Briggs, I am currently working on my dissertation. The objective of my dissertation is to gain a better understanding of the sexual nature of the primary care environment of adolescent sexual offenders. In order to gain this knowledge, I am interviewing individuals who provide counseling and/or mental health services to this population.

Today we'll be discussing your perception of the sexual nature of the primary care environment of adolescent sexual offenders. The primary care environment is defined as the environment in which the adolescent sexual offender was primarily raised and nurtured, and in which the adolescent spent the greatest quantity of time.

I understand that not every adolescent sexual offender has been exposed to the same type of primary care environment. What I'm looking for is your insight regarding common themes in the lives of adolescent sexual offenders. I will not be asking any questions regarding individual adolescents or making inquires regarding any specific parent's behavior. I'm interesting in gaining a better understanding of what the majority of these adolescents have experienced.

I will be taping our discussion today and will begin this interview by asking you to sign a consent form and by having you fill-out a brief demographic questionnaire. With that in mind, let's start the interview.

Consent Form

Hello, My name is Christie Cupp and I am a graduate student at Oklahoma State University. Under the direction of Dr. Kathleen Briggs, I am currently working on my dissertation. The objective of my dissertation is to gain a better understanding of the sexual nature of the primary care environment of adolescent sexual offenders. In order to gain this knowledge, I am seeking to interview individuals who provide counseling and/or mental health services to this population. Given your background in this area, I am seeking your consent at this time to participate in a face-to face interview concerning your perception of the sexual nature of the primary care environment of adolescent sexual offenders.

I _____ hereby consent to be interviewed by Christie Cupp from Oklahoma State University and to complete a demographic questionnaire.

As part of my participation...

1. I understand that information collected during my interview will be used as data for Christie Cupp's dissertation and subsequent publications.

2. I understand that I will be interviewed by Christie Cupp. I understand that this interview will concern the sexual nature of the primary care environment of adolescent sexual offenders.

3. I understand that topics covered during this interview about the sexual nature of the primary care environment of adolescent sexual offenders will be sensitive in nature. The topic will include (a) sexual education that took place in the primary care environment; (b) the sexual nature of the primary care environment; (c) sexual boundaries; (d) sexually explicit behaviors demonstrated in the primary care environment; (e) sexually explicit materials available in the home; and (f) family roles and rules concerning sexual issues.

4. I understand that information collected during interviews will be kept confidential. I understand that neither my name nor the name of the institution for which I work will be divulged when information collected here today is reported.

5. I understand that this interview will take approximately one hour.

6. I understand that my interview will be taped in order to ensure that all information shared during the interview is obtained and that this audio recording will be taken from the premises by the interviewer.

7. I understand that an individual selected by Christie Cupp will transcribe the audiotape made during the interview and that these transcriptions will be used as data for the current project.

8. I understand that our conversation will be kept confidential. I understand that my name will be changed when the interview is typed up.

9. I understand that I should not identify any adolescent or parent by name or by any other identifying information.

10. I understand that the individual responsible for transcribing this tape will be asked to sign a confidentiality form. This form will preclude the transcriber from sharing any of the information contained on the tapes, and will prohibit this individual from making copies of the tapes or transcripts.

11. I understand that audiotapes will be kept in a locked filing cabinet when they are not being used for transcribing purposes and accuracy checks.

12. I understand that all audiotapes will be destroyed once a complete transcription has been made and checked for accuracy.

13. I understand that I will be asked to complete a questionnaire. This questionnaire will include demographic information such as age, race, and educational level. In addition, I will be asked to provide information concerning my level of experience in working with adolescent sexual offenders.

14. I understand that this questionnaire will take approximately 10 minutes to complete.

15. I understand that my participation is voluntary. I understand that I can refuse to participate in this project and may withdraw my participation at any time during the interview without penalty or negative consequences.

16. I understand that I may refuse to answer any specific question posed by the interviewer.

17. I understand that all written materials will be kept in a locked filing cabinet when they are not being used for data entry or data analysis.

18. I understand that I may request a summary of the final analysis of this project.

If I have any questions, I understand that I can ask the interviewer now or at any time.
I understand that if I have any further questions I can contact Christie Cupp or Dr. Kathleen Briggs at 405-744-5057.

By signing my full name below I signify that I understand and agree these terms.

_____	_____
Signature	Date
_____	_____
Witness	Date

Statements to be Made at the Conclusion of Each Interview

1. So let me tell you what I've heard you say....
2. Is that about right?
3. Is there anything else you want to add?

Thanks so much for your cooperation.

Professionals Recommendations

The following question(s) are meant to initiate conversation concerning **the sexual education that adolescent sexual offenders receive from their primary care givers**. Please indicate how well you feel the following set of questions will elicit the desired dialogue

1. Describe for me the type of formal or direct sexual education these adolescents received while in their primary care environment.
2. What about through informal or indirect means such as parental behavior or parental attitudes toward sex or sexual issues?
3. Where do they primarily get their sexual knowledge?

Very	Moderately	Slightly	Not Well
1	2	3	4

The following question(s) are meant to initiate conversation concerning **parental sexual behavior demonstrated in primary care environment of adolescent sexual offenders.** Please indicate how well you feel the following of question will elicit the desired dialogue.

1. What types of affectionate behavior do parents display in front of these adolescents?

Very	Moderately	Slightly	Not Well
1	2	3	4

The following question(s) are meant to initiate conversation **concerning the availability of sexually explicit materials in the primary care environment of adolescent sexual offenders.** Please indicate how well you feel the following set of questions will elicit the desired dialogue.

18. What types of sexually explicit materials are typically available in the home?
19. Do parents know that their adolescents have access to these materials?
20. How do they feel about that?

Very	Moderately	Slightly	Not Well
1	2	3	4

The following question(s) are meant to initiate conversation concerning **sexual boundaries within the primary care environment of adolescent sexual offenders.** Please indicate how well you feel the following set of questions will elicit the desired dialogue.

1. What types of sexual boundaries typically exist between the parent's sexual relationship and the adolescent?
2. What about sexual boundaries concerning the adolescent's sexuality?
3. Do parents ask their adolescent's questions about their sexual behaviors?
4. What types of things do they typically want to know about?

Very	Moderately	Slightly	Not Well
1	2	3	4

The following question(s) are meant to initiate conversation concerning **the types of roles and rules regarding sexual issues that exist within the primary care environment of adolescent sexual offenders.** Please indicate how well you feel the following set of questions will elicit the desired dialogue.

1. Did parents attempt to control their adolescents' sexual behavior? How?
2. What types of rules typically exist within the primary care environment concerning sexual issues?
3. What types of family roles usually exist concerning sexual issues?

Very	Moderately	Slightly	Not Well
1	2	3	4

The following question(s) are meant to initiate conversation concerning **the sexual violence that took place in the primary care environment of adolescent sexual offenders.** Please indicate how well you feel the following questions will elicit the desired dialogue.

1. Describe the type and amount of sexual violence found in these homes.
2. How do you feel this exposed effected the adolescent's sexual behavior?

Very	Moderately	Slightly	Not Well
1	2	3	4

The following question(s) are meant to initiate a conversation concerning **the physical violence that took place in the primary care environment of adolescent sexual offenders.** Please indicate how well you feel the following questions will elicit the desired dialogue.

1. Describe the type and amount of physical violence found in these homes.
2. How do you feel this exposure affected the adolescent's sexual behavior?

Very	Moderately	Slightly	Not Well
1	2	3	4

The following question(s) are meant to **allow the subject to express their opinion concerning the influence the primary care environment has on the adolescent sexual offender's deviant sexual behavior and allow the subject to address sexual issues not previously discussed.** Please indicate how well you feel the following questions will elicit the desired dialogue.

1. How much influence do you think the primary care environment has on the adolescent sexual offender's deviant sexual behavior?
2. Are there any other sexual issues concerning the primary care environment that you think I should know about?

Very	Moderately	Slightly	Not Well
1	2	3	4

APPENDIX B

TABLES

Table 1

Demographic Information

Gender	N = 21	Males = 10	Females = 11	
Age	N = 21	Mean Age = 45	Standard Deviation = 9.36	Range = 26 - 61
Race	N = 21	Caucasian = 19	African American = 2	

Table 2

Service Providers Level of Education

Highest Level of Education	N = 21	Masters = 16	Doctoral = 5
Masters Degree	N = 20	Art Therapy = 1	Clinical Psychology = 2
		Clinical Social Work = 1	Community Counseling = 1
		Counseling Psychology = 8	Criminal Justice = 1
		Human relations = 3	Psychology = 2
		Marriage and Family Therapy = 1	
Doctoral Degree	N = 5	Clinical Psychology = 1	
		Counseling Psychology = 3	
		Educational Psychology = 1	

Table 3

Licensure of Service Providers

License	N = 21	Licensed Behavioral Practitioner = 1
		Licensed Clinical Social Worker = 2
		Licensed Marriage and Family Therapist = 1
		Licensed Professional Counselor = 12
		Licensed Psychologist = 5

Table 4

Service Providers Experience in Working With Adolescent Sexual Offenders

Number of Years Working With Adolescent Sexual Offender	Mean 8.43	Standard Deviation = 5.58	
	Range = 2 - 25 years		
Setting	Inpatient = 3	Detention Group = 1	Outpatient = 11
	Hospital = 1	Penitentiary = 5	
Area of Responsibility	Evaluation and Treatment = 3		Therapy = 12
	Clinical Supervisor = 5		Case Work = 1

Table 5

Offenses Committed by the Majority of Adolescent Sexual Offenders Who Received Services From Research Subjects

	Number of Providers with a Majority of Clients		
	Who Perpetrated Offense	Who Did Not Perpetrate Offense	% of Providers Who Worked Predominately with Offense
Child Molestation	20	1	95%
1st Degree Rape - Penile Penetration	19	2	91%
Exhibitionism	19	2	91%
1st Degree Rape - Digital Penetration	18	3	86%
Fetishism	18	3	86%
Frottage	18	3	86%
Obscene Communication	18	3	86%
Voyeurism	18	3	86%
1st Degree Rape - Objectile Penetration	17	4	81%
Sodomy	17	4	81%
Other	6	15	29%

Table 6

Face Validity of Interview Questions

Questions	Mean	Range
Sexual Education Questions	1.36	1-2
Paretnal Sexual Behavior Question	1.82	1-2
Sexually Explicit Materials Questions	1.36	1-2
Sexual Boundaries Questions	1.82	1-3
Family Rules and Roles Questions	1.64	1-2
Sexual Violence in the Primary Care Environment Question	1.18	1-2
Physical Violence in the Primary Care Environment Question	1.18	1-2
Influence of Primary Care Environment Questions	1.18	1-2

Table 7

Reliability of Themes Across Raters

Theme	Identified as Theme by Rater #1	Identified as Theme by Rater #2
No Formal Sexual Education	*	*
Informal Sexual Education - Parental Sexual Behavior	*	*
Informal Sexual Education - Parental Sexual Attitudes	*	*
Informal Sexual Education-Parental Sexual Attitude-Nonchalant	*	*
Informal Sexual Education-Parental Sexual Attitude-Promiscuous	*	
Source of Sexual Knowledge-Sexually Explicit Materials	*	*
Source of Sexual Knowledge-Peers	*	*
Source of Sexual Knowledge-Own Sexual Abuse	*	*
Source of Sexual Knowledge-Parents/Family	*	*
Exposure to Parental Sexual Behavior	*	*
Exposure- Absence of Parental Affectionate Behavior	*	*
Exposure to Sexually Explicit Materials	*	*
Exposure to Sexually Explicit Materials- Internet	*	*
Exposure to Sexually Explicit Materials- Movies	*	*
Exposure to Sexually Explicit Materials- Videos	*	*
Exposure to Sexually Explicit Materials- Cable Television	*	*
Exposure to Sexually Explicit Materials- Magazines	*	*
Exposure to Sexually Explicit Materials- Hard Core Pornography	*	*
Exposure to Sexually Explicit Materials- Additional Sources	*	*
Parental Attitude toward Sexual Explicit Materials	*	*
Parental Attitude toward Sexual Explicit Materials- Encouraged	*	
Parental Attitude toward Sexual Explicit Materials- Denial	*	
Parental Attitude toward Sexual Explicit Materials- Apathetic	*	*
Family Structure	*	*
Family Structure-No Sexual Boundaries	*	*
Family Structure-No Sexual Rules	*	*
Family Roles	*	*
Family Roles - Parentification of Child	*	*
Family Role-Parentification of Child- Sexual Role	*	*
Violence in the Home	*	*
Violence in the Home- Sexual Violence	*	*
Violence in the Home- Physical Violence	*	*
Overriding Theme-Lack of Supervision	*	*
Overriding Theme-Poor Communication	*	*
Overriding Theme - Normalization of Sexual Acts	*	*
Unanticipated factor - Drug and Alcohol Use	*	*
Unanticipated factor - Prostitution	*	*

Table 8

Theme: No Formal Sexual Education

Subjects	Quotes
#1	I don't think any of mine have actually had any formal education. What we usually encounter is poor education and we have to educate, its very important to educate the parents. You know, they (parents) have very distorted knowledge that they've picked up probably from their parents and generations back and ignorance.
#2	No formal education so to speak of.
#3	They have minimal to no formal sexual education. If they do it's misinformation, like sexual myths, or information which is sexist in nature. Parents make a lot of derogatory comments about women if they look a certain way they deserve to have something done to them that is sexual in nature.
#4	If they did for the most part it's inappropriate where a lot of sexual abuse occurred in the home. I've seen a lot of homes where the mother was prostituting and the kid knew about it, but sexual issues were never talked about.
#5	Most of them didn't receive any formal education. The one's I've worked with so far didn't receive any formal education.
#6	Well that's a good question. A lot of them haven't received any (formal sexual education) that's one of the major problems in that there is a lack of knowledge about appropriate sexual behavior. It's generally lacking. If parents do talk to them it's probably erroneous or it was inappropriate information.
#7	Most of it was very inadequate, with some on the other extreme, over sexualizing. In other words, they did not keep sensitive enough information, they over sexualized the resident (adolescent) in the home by not protecting them from information.
#8	Little to none formal sexual education.
#9	Surprisingly enough, a lot of them are extremely ignorant about sex and sexual things. In evaluating their history there's a huge amount of information they don't know, they don't understand. They have misinformation. My suspicion is that parents are uncomfortable talking about this (sex).
#10	When we do involve the parents they say that feedback concerning sexual education is little to none. And then for those who do provide their adolescent with information about that (sex), there's a strong question of are they telling us what they think we want to hear about their role in that. Because when you get the kids, you get a real different description. Kids say they get little to none.
#11	Well, we've found that there's not a whole lot of that going on (formal sexual education). Communication about that issue is bad.

Theme: No Formal Sexual Education

Subject	Quote
#12	The one's (Adolescent sexual offenders) I've encountered have nor formal sexual education. As far as a healthy, well balanced sex education almost none, or I'd say none.
#13	Very little formal sexual education takes place. Most of them didn't get much in the form of sex education that's an area that we always have to go over here (in our facility).
#14	I'd say these kids received very little (formal sexual education) other than just observation of adult sexuality.
#15	Primary care environment, from their families of origin and things like that, most of them are very under-educated, unaware of sexual knowledge and facts. Usually come from dysfunctional families where constructive sexual behavior is not discussed, but a good deal of information is derived from overt dysfunctional sexual behavior displayed right in front of them. Very little of their sexual knowledge comes from structured, formal education structured by parents.
#16	In terms of formal instruction or education, I think there's very little.
#17	Very little (formal sexual education) other than in some settings, crude comments from typically the father. A lot of situations, I think it's a lack of knowledge of the parents. We have an interesting dichotomy in this country where we're fascinated with sexual things. It draws us to the movies. It draws us to places to eat. It's used to sell everything from cars to shampoo, and yet on just being able to discuss sexual themes we have very great difficulty and become uneasy.
#18	There's not really a formal sexual education.
#19	Most of the boys we have received very little education, very limited, the education was very poor. The parents themselves usually don't have much knowledge themselves.
#20	It's pretty typical that these kids (Adolescent sexual offenders) receive zero formal or direct sexual education.
#21	I haven't worked with any children who had parents who sat down and said this is the birds and bees.

Table 9

Theme: Informal Sexual Education - Observation of Parental Sexual Behavior

Subject	Quote
#1	Children observe a lot of sex.
#2	I have had children that have observed their parents having sex. I've had them tell me that on more than one occasion, like not just peeping but because it was something they had to do, kind of a force thing to watch their parents.
#4	I think the most part is what they observe. Well, in some cases the mother was on drugs and selling her body, so there was prostitution happening and kids witnessed that.
#5	They've seen their parents playing with their genitals. They've seen their parents touching their sisters or brothers or things like that. And they've observed their parents having sex without any privacy or anything like that. And they know their parents were having sex while they were sleeping in the same bed.
#6	Yea, these kids pretty much copy what they see played out in front of them on a day-to-day basis. They're pretty much products of their environment when it comes to their sexual behavior. Oh, they've seen everything from intercourse, watching their parents have intercourse, to watching porn on TV. From being exposed to parents or relatives taking them to strip clubs, bars, those kinds of things.
#7	I would say a good thirty percent or more observed their parents having sex or observed older siblings having sex. Some of them (parents) had very poor sexual understanding, Themselves coming out of incest families and demonstrate a vulgarness toward sex.
#8	Watching them (parents) perform sex. A lot of them do. Most of these kids don't have a stable home life. There's very little supervision.
#9	It's hard to tell because I have kids from such a wide range of family experiences. Some of the kids come from families that are grossly incestuous and they have been exposed to sex and sexual things since the beginning. Or some from families where there's substance abuse, so the parents are not adequately supervising, they've got unsavory people in the house and you know all kinds of things are going on. And they're not thinking about the effects on the kids. So there's this huge range
#10	A fair number of children, who have particularly in their younger years, have observed adults in the home engaged in sexual activity. But very little communication about that. It's been more unsupervised exposure, but a minimization of any problems it might cause.
#11	A lot of exposure to explicit sexual behaviors.
#12	A lot of the juveniles were exposed to overt sex acts by their parents.

Table 9 (continued)

Theme: Informal Sexual Education - Observation of Parental Sexual Behavior

Subject	Quote
	acts, things like that.
#14	I'd say these kids received very little other than just observation of adult sexuality. That's where they've seen most of it (between parents). Generally they see brothers and sisters sexually involved in it (sex) or their own parents. Generally its always family.
#15	A good deal of sexual information is derived from overt dysfunctional sexual behavior displayed right in front of them. I'd say fifty percent of their education comes from direct observation and the remaining part comes from television and media sources. Frequent displays of overt sexual behavior in front of them.
#16	You know we've had kids here where, within the extended family, and by extended family I mean mom and dad and the aunts and uncles, have sex in front of kids, exposing them to sexual acts.
#18	They watch brothers and fathers. You see, the apple doesn't fall to far from the tree.
#19	Parents of these kids don't keep it (sex) as private as they should. The ones who have been exposed to the sexual acts, seen sexual acts, often as children perceive it as violent. They perceive the mother as being hurt and they don't have some kind of control to stop whatever is happening.
#20	Oh, I think all of them have been exposed to informal or indirect means of sexual behavior such as parental sexual behaviors. Mostly observation. Sex and fights between parents about sex.
#21	Probably there is a percentage who have witnessed their parents be overtly sexual with other people that they were not married to. Or they didn't have clear boundaries, for example, the walls were pretty thin, they engaged in sexual activity and their children could hear. But they never discussed it with them. And it was taboo.

Table 10

Theme: Informal Sexual Education - Nonchalant Parental Attitude Toward Sex

Subject	Quote
#1	It's almost as if sexual behavior or sexual abuse is not a problem. The parents take the attitude that that's just the way life is. Why are you making such a big deal about it.
#2	Having sex with mother and boyfriend was taught to them to be a kind of normal life. The adolescent just thought that that was a normal life and everybody else did it. That was normal, having you know sexual relationships with the child or with another person in front of the child, I mean it was no different than eating dinner in front of everybody else.
#4	I don't think kids knew that maybe it was not okay. The sexual behavior and prostitution. It (explicit sexual behavior) was normal, typical behavior, and they were rewarded for it. Exploration was normal.
#10	I've had parents in parent groups minimize inappropriate sexual behavior that took place in the home, even on occasion when there have been investigations by DHS, right in front of their children who are there for treatment. They say it didn't happen or the other kid is lying. I mean often that's said in front of the child so there's total minimization.
#16	You know up until he got here, he just was taught to accept that that's (sexual promiscuity and violence) was the way things were. That's the norm, he didn't know any different.
#18	I've had fathers in group before who giggle at levels of violence that we wouldn't find funny at all. Boys will be boys.
#19	Parents often minimize a child's offense . They often minimize having to come here, that their child has to come here, minimize the offense. They have poor management. Parents don't feel observing sex is a big deal.

Table 11

Theme: Informal Sexual Education: Promiscuous Parental Attitude Toward Sex

Subject	Quote
#4	Well when you hear about prostitution mixed with drug use you know the parent has permissive or an inappropriate attitude when it comes to sexual issues.
#6	Some of them (parents) you might categorize as being very loose morally.
#10	The mothers are often sexually promiscuous and the kids are exposed to a lot of role models and a lot of explicit sexual behaviors that are inappropriate.
#13	Some of them, their parents I mean, are themselves very sexualized and their kids pick up on that. Some of the parents were sexually abused themselves.
#14	Well, generally the parents are very permissive in nature. You know whatever made them feel good they did, fairly hedonistic. I would say the vast majority of them are permissive.
#15	Usually parental attitudes (concerning sexual issues) are very permissive, very open, no sense of sexual boundaries or sensitivity to the impact of the material on the children. Frequent displays of overt sexual behavior in front of them.

Table 12

Forms of Sexual Education

Subject	No Formal Sexual Education	Observation of Parental Sexual Behavior	Nonchalant Parental Attitude Toward Sex	Promiscuous Parental Attitude Toward Sex
1	*	*	*	
2	*	*		
3	*			
4	*	*	*	*
5	*	*		
6	*	*		*
7	*	*		
8	*	*		
9	*	*		
10	*	*	*	*
11	*	*		
12	*	*		
13	*	*		*
14	*	*		*
15	*	*		*
16	*	*		
17	*			
18	*	*	*	
19	*	*	*	
20	*	*		
21	*	*		

Table 13

Theme: Source of Sexual Education - Own Sexual Abuse

Subject	Quote
#1	A lot of these children were sexually abused while in their homes by either their own parents or by people who their parents left them with. Well like I said, most of them were sexually abused at a young age.
#6	And some of them by direct experience. There's a certain number of these kids that have been sexually abused by adults at some time in their life. And so personal experience certainly plays a role in this (sexual offending).
#7	The majority of them have been molested. So its through personal experience.
#8	Most of them (Adolescent sexual offenders) were abused. These kids primarily get their sexual knowledge from being abused.
#9	Usually they talk about either two things. They talk about their own sexual abuse, or they talk about some sort of experimenting. They also talk about seeing a video, seeing magazines.
#11	We've found in ours that often there's a case of a history of sexual abuse. Basically a lot of their education came from sexual abuse.
#12	I've had adolescents molested by their parents. In some cases were prostituted by their parents. A couple of cases where the parents were into prostitution and even paid to have sex with their children in front of clients, that sort of thing.
#13	A lot of them have been abused sexually, so they get it from their perpetrator.
#15	Nearly all of them have been sexually victimized.
#16	A substantial number of them gained their knowledge through sexual abuse and so on. You know, we have kids who have been the victims of ritual abuse. We have kids who've been progressively molested by their primary care givers. They've been groomed, fondled, and aroused from infancy by their mothers. There's kids who have been molested by older siblings, cousins, neighbor kids, and that's how they've gotten information. Number one from their own sexual experiences, which is primarily abuse in nature, but then once those dynamics have been set up, I think they begin to seek.

Table 14

Theme: Source of Sexual Education - Sexually Explicit Materials

Subject	Quote
#1	A lot of these children have been exposed to pornography in the home.
#3	There's been a lot of exposure to pornography. I would say the majority of them are getting it from the parents' pornography
#5	A lot of these kids get their sexual education from watching TV, watching movies with their parents that involved sexuality and things like that.
#6	Primarily through/from their peers or media.
#7	Mostly from peers and the majority of it from television and porn videos.
#8	Primarily get their sexual knowledge from their own abuse and watching dirty movies.
#9	Usually they talk about either two things. They talk about their own sexual abuse, or they talk about some sort of experimenting. They also talk about seeing a video, seeing magazines.
#10	In my experience it's been exposure to inappropriate material, you know, pornographic materials in the home, non-censoring of sexually explicit cable or home videos that have been uncensored. Unfortunately, a great deal of it (sexual education) from the media, for better or worse.
#11	Exposed to a lot of explicit sexual materials. Their sexual education stems from sexually graphic materials and TV viewing.
#12	A lot of our juveniles were also exposed to erotic materials such as adult videotapes, that sort of thing. Erotic material is a definite influence.
#13	I'd probably say they get a great deal of their sexual knowledge through probably the media, exposure to pornography, peer groups, a lot of them have been abused sexually, so they get it from their perpetrator.
#15	I'd say fifty percent of their education comes from direct observation and the remaining part comes from television and media sources. The secondary source would be media.
#16	There's a set of kids in this population who's parents are less than diligent when they're watching sex-related videotapes and the kids know where they hide them, or the kids are peeking around the corner while the parents are watching them. There's also a fairly substantial increase in the amount of sexually explicit stuff available through cable. Once sexual abuse dynamics have been set up they begin to seek so they get a lot from printed and video pornography.

Table 14 (continued)

Theme: Source of Sexual Education - Sexually Explicit Materials

Subject	Quote
#17	Some kids get a lot of information from pornography and then emulate those behaviors or use it as information to derive fantasies which then reinforces or develops into behaviors.
#19	They get their sexual education in the home. Well, home and the media, media in the home. And access to materials that should be kept from them. For example, I have one that the uncle was actively involved in showing the boy porno movies, porno pictures, saying this is the way it works and da da da.
#21	Many of them learned just the way most kids do, through friends, watching TV. That sort of thing. Maybe they, this group also allowed their children to watch movies with a great deal of adult sexual behavior that wasn't supervised.

Table 15

Theme: Source of Sexual Education - Peers

Subject	Quote
#3	Some of them are getting it from their peers. They get it through the language their peers use.
#6	Primarily through/from their peers or media.
#7	Mostly from peers.
#10	And from their peers.
#12	Mostly from their peers.
#13	From their peers.
#14	All together, I would say their peers.
#17	Peers / friends.
#18	Locker talk at school with friends.
#19	Peers. Watching porn with friends.
#21	Many of them learned just the way most kids do, through friends, watching TV.

Table 16

Theme: Source of Sexual Education - Parents / Family Members

Subject	Quote
#2	Most of these kids get their sexual education from the inappropriate behavior of their parents.
#4	In the home, we have kids who were taught you're supposed to sit on dad's lap and play with them. When you walk in the door they are taught to act out sexually. It was a normal, typical behavior and they were rewarded for it. Exploration is normal.
#11	And part of their education comes from family role models and their sexual relationships.
#14	Next would be family, net to peers. And again generally through observation they don't generally talk about it. They just witness it.
#15	They primarily get their sexual information from their parent informal overt behavior, or associates of parents.
#19	They get sexual information in the home. Well, in the home and the media, media in the home. For example, I have one that the uncle was actively involved in showing the boy porno movies, porno pictures, saying this is the way it works and da da da.

Table 17

Source of Sexual Education

Subjects	Own Sexual Abuse	Sexually Explicit Materials	Peers	Parents / Family
1	*	*		
2				*
3		*	*	
4				*
5		*		
6	*	*	*	
7	*	*	*	
8	*	*		
9	*	*		
10		*	*	
11	*	*		*
12		*	*	
13	*	*	*	
14			*	*
15	*	*		*
16	*	*		
17		*	*	
18			*	
19		*	*	*
20		*		
21			*	

Table 18

Theme: Exposure to Explicit Parental Sexual Behavior

Subject	Quote
#1	Some parents show inappropriate affection. Kids talk about it (parents having sex in front of them). I would describe it as a personal sexual behavior with no boundaries whatsoever.
#2	These kids have been exposed to inappropriate type of affection, parents having sexual contact with each other that should not be done in front of children. Leaving the bedroom door open, even forcing kids to watch.
#3	You've hit a good point on that. We have a lot of parents that are pretty risqué. They over-sexualize their kids. They (parents) are usually really sexual around each other.
#4	Yeah, you hear some of it. Daddy bathing, touching mom, walking in on mother giving oral sex. Yeah, you certainly hear all the stories. I don't know that it was intentional, but precautions were not taken. Some of these families were involved in drugs and don't know what's going on. And a lot of homes had children left unsupervised in the home.
#5	They've (kids) seen their parents naked in the home. They've seen them having sex in the bathroom on the floor. In particular, the information that they mention to me in particular is that they've seen their parents walking around naked around the house, stuff like that. It was no big deal, sex was no big deal.
#6	Some cold, others are I would say inappropriate with their feelings in public. Inappropriate touching and those sort of things. Some are very sexual. That's a small percentage here.
#7	Probably about thirty percent have been exposed to parents having sex.
#8	Most of the kids that I've talked with, it's usually they've watched their parents do stuff that the parents wouldn't explain. Some force them to watch. So we're not talking about a normal environment for a home life.
#9	Occasionally I'll have a kid come in and say a lot about their parents' sexual behavior or witnessing something, observing his parent with a partner, kind of voyeuristic behavior that he stumbled on as a small child.
#10	Some have (witnessed sexual acts between parents) when they were younger. Or when they were younger there had been something that they walked in on or saw, sleeping in the same room and their parents thought they were asleep, those kinds of things. They're very hesitant to disclosing that type of information.
#11	It varies from nothing to everything, to have them involved in their relationship.

Table 18

Theme: Exposure to Explicit Parental Sexual Behavior

Subject	Quote
#12	That (exposure to parental sexual behavior) can be a part of the problem, yeah that's pretty common. Not always though.
#13	Some are very open about sex and do stuff in front of them.
#14	Parents display all types of sexual behavior.
#15	Frequently, they (Adolescent sexual offenders) are exposed to full sexual intercourse, and frequently, very marginally attempts are made to veil their (caretakers) sexual behavior if its not directly open and overt, such as beginning the sexual behavior in the living area and then proceeding to bedroom without a closed door. Frequent displays of seductive behavior between adults and viewing of X-rated films with children down to the ages of preschoolers allowed to watch.
#16	From what our kids have disclosed, you name it. You know vaginal intercourse, anal intercourse, oral, threesomes. We've over the years a variety of kids whose mothers were involved in prostitution and drug use, who openly had sex with paying customers with their children in their apartment at home.
#17	One category is kids who've been exposed to lots of sexuality in their environment, lots of it. Parents openly talking about their own sexual behavior.
#18	I've heard some kids tell me that when they were younger there were no boundaries in the home. Parents would have their Saturday night rendezvous and not have the door locked properly and the kids would see that.
#19	Kids observe intercourse. I would say about twenty-five percent. Usually doesn't exceed that, I would say, just looking at the board. 25% just sexual behaviors, the actual intercourse would be more like 10 to 15 %.
#20	A lot of touching probably inappropriate. The male being the aggressor. Most observe other sexual behavior. Not many actual sexual intercourse.
#21	There is again that small percentage I was talking about before where I've had mothers who are very sexually provocative individuals, and are that way in front of their children.

Table 19

Theme: Absence of Any Parental Affectionate or Sexual Behvior

Subject	Quote
#1	Some (parents) show no affection whatsoever.
#3	Then we have the other kind of parents who show no affection whatsoever. At this end of the spectrum the parents who don't show any kind of sexual affection towards each other and they really don't show any towards their kids.
#5	Physically, affectionately, none from information I've gathered from them.
#6	Some parents are very cold emotionally and physical to their partners and children.
#8	They don't display affection they just fight and argue.
#13	And some are very rigid and are very, very against doing anything sexual in front of their kids.
#17	The other end of that continuum would be the prudent parents, the parents who never talk about sex. Never show affection, never even kiss. Sex is bad.

Table 20

Exposure to Parental Sexual / Affectionate Behavior

Subjects	Exposure to Explicit Parental Sexual Behavior	Absence of Parental Affectionate Behavior
1	*	*
2	*	
3	*	*
4	*	
5	*	*
6	*	*
7	*	
8	*	*
9	*	
10	*	
11	*	
12	*	
13	*	*
14	*	
15	*	
16	*	
17	*	*
18	*	
19	*	
20	*	
21	*	

Table 21

Theme: Types of Sexually Explicit Materials That Are Available in the Primary Care Environment

Subject	Quote
#1	Some of it's on the Internet. Some of it's movies. I had one child that talked about seeing somesexually horrible pornography. Now a lot of my kids do see magazines, like Playboy.
#2	Pornographic magazines, that sort of thing. Oh yeah, pornography on television. I've had clients that a great deal of their knowledge came from being forced to watch pornographic movies with their dad.
#3	Usually its pornography like magazines. About twenty-five percent of the children get it from the Internet and then I would say the majority of them have stayed up late at night and watched movies that are sexual in nature.
#5	Videotapes. And I've seen kids, they put on the videotapes when their parents are not there and they watch it.
#6	Well with computers these days, the Internet. There's a lot of Internet, TV, movie channels, the movies that you rent, the music kids listen to, music videos. I mean the list sort of goes on and on.
#7	Majority of them are magazines that are just bought at the local convenience store. And then we have inappropriate movies, R rated movies that are rented and then cable TV. Some are exposed to the most explicit hard core sexual pornography on the market.
#8	Dirty movies is the thing I hear the most or cable television. Sometimes dirty magazines.
#9	Internet access is a biggie. They'll talk about that one. They'll talk about magazines, they'll talk about TV, cable TV, and videos.
#10	More and more its becoming the Internet, and that's a fairly recent phenomenon. But for a number of boys that I've talked with, its, you know, the parents will have access to fairly explicit cable stations, that sort of thing. We've had a fair number of boys who talk about having access to you know, men's magazines and that sort of thing. Those are the primary ones.
#11	Magazines and videos. A lot of our kids have used Cinemax and HBO. We're getting more that have access to the Internet.
#12	I mean, with the Internet you've got the available adult videotapes ranging from erotic materials like Playboy. Yeah, the whole range. Here again, from the soft-core erotic materials on up to the hard-core pornographic nature stuff.

Table 21 (continued)

Theme: Types of Sexually Explicit Materials That Are Available in the Primary Care Environment

Subject	Quote
#14	Pornography by means of video, you'll have magazines. They primarily use video. They don't even waste time with magazines. Its also Cinemax, cable TV.
#15	Viewing of X rated films, erotic magazines displaying adults in sexual behavior, nudity, that sort of material. Its usually very readily available. A good number are exposed to cable television.
#16	The kids that I recall talk about most frequently talk about videotapes.
#17	Again that ranges from pornography, both magazines and videos, sex toys, that maybe they find even though they're put up. That's kind of on the one end. Kind of in the middle is the Sports Illustrated swimsuit issue and Victoria Secret and those very sexually suggestive, but not explicit, type. Stimuli that are accepted in our culture currently. To the third, which is the prudent end, where there's as little sexual stimuli as possible.
#18	Well, one thing I'm seeing now is the Internet, and other things magazines, movies. All the homes have cable, so there's access there.
#19	Gosh, in a lot of cases they find videotapes, and then I would say a lot of it is just watching HBO sex, the Playboy channel, and then it varies. A lot of them see magazines.
#20	Well I'd say Penthouse, Playboy, a coupled of them have access to homosexual material because they were curious about that, and then porno movies. They, the ones they've talked about having been exposed to really explicit porno movies, two guys and gal, they talk about eating each other and that kind of thing.
#21	It's the magazines, X rated movies, but they don't really need X rated movies now because so many homes have cable and stuff. And the kids are up at night watching these movies. Well the soap operas are pretty explicit too.

Table 22

Types of Sexually Explicit Materials Available in the Primary Care Environment

Subject	Cable TV	Videos	Movies	Magazines	Internet	Hard Core Porn
1			*	*	*	
2	*		*	*		
3			*	*	*	
4						
5		*				
6	*		*		*	
7	*		*	*		
8	*		*	*		
9	*	*		*	*	
10	*			*	*	
11	*	*		*	*	
12		*		*	*	*
13		*		*		
14	*	*		*		
15	*		*	*		
16		*				
17		*		*		
18	*		*	*	*	
19	*	*		*		
20			*	*		*
21	*		*	*		

Table 23

Theme: Parental Attitudes Toward Adolescent Exposure to Sexually Explicit Materials - Encourage

Subject	Quote
#2	On some occasions, like I said, the children watched because they were basically forced to by their parents. It was encouraged. I guess you might say for their (parents) sexual pleasure. I guess that's how you would say it.
#7	There are those who are consensualy showing their children that (porn), encouraging that. Its not unheard of for fathers to have their sons watch pornographic materials with them, maybe even masturbate in front of the son. That's not rare. I would say ten percent or less.
#10	I've had a number of parents also, again, sort of give a tacit approval or encourage to an extent. Its like boys will be boys deal, or they're going to learn about it somewhere. Some of our parents think its really cool, especially a lot of the men.
#15	They do communicate to these children that they should observe it. Its usually to enhance their (parents) own pleasure, making leering or lewd remarks about it to try and get a reaction from the child. Encouraged reaction out of the child in response to the materials that they've just been allowed to see. Derogatory, belittling remarks perhaps, things designed to lower the barriers and desensitize them to sexual behavior at a fairly overt level.
#17	There's parents that provide the materials to their kids or that take the Playboy channel, but then tell them not to watch it.
#20	Half of them thought that that was probably a good thing for them to see, how it works so they would not have to verbalize a lot of stuff.

Table 24

Theme: Parental Attitudes Toward Adolescent Exposure to Sexually Explicit Materials - Denial

Subject	Quote
#1	Mostly parents are in denial that their children have been exposed to porn. As a matter of fact, they just denied it ever happened.
#3	Parents minimize the effects of such sexual material. They deny it has an effect or they deny their kid is looking at it.
#10	I don't think a lot of them realize, or want to realize, their kids are involved in that. They need to wake up and smell the roses. Its flat out denial. They just don't want to know what's going on. They want to pretend like its not happening until presented with evidence to the contrary, they try to avoid it. Some of them are clearly uncomfortable because they don't know what to say about it. A lot of mothers understand that its (porn) going to be used but they're denying it or not willing to accept it (that their kids have taken part in looking at porn).
#21	I think they minimize its importance so they're not alarmed. So they really don't think that its an issue.

Table 25

Theme: Parental Attitudes Toward Adolescent Exposure to Sexually Explicit Materials - Apathetic

Subject	Quote
#2	Oh yeah most, oh I'd say about fifty percent to probably seventy five percent of them (parents) know their kid has access to porn. They just don't care.
#5	I think parents know, they're just too lazy to do anything about it. The fact that the video tapes are kept in an area that is easy for the kids to get it, so it becomes available for them to watch.
#8	Some parents don't care what their kids do.
#10	Then there's a lot that just don't care.
#11	At times they (parents) seem rather nonchalant about it while its going on.
#17	Some just don't see a problem with it.
#18	Men (in groups) have said boys will be boys, they're just curious, they're interested.
#19	Sometimes they'll say, oh, it was just a Playboy or something like that. Oh well, they (adolescent) will be exposed to it sooner or later anyway, so what's the big deal. Or they don't seem, a lot of them don't seem to be very alarmed by it.

Table 26

Parental Attitudes Toward Adolescents Exposure to Sexually Explicit Materials

Subject	Encourage	Denial	Apathetic
1		*	
2	*		*
3		*	
4			
5			*
6			
7	*		
8			*
9			
10	*	*	*
11			*
12			
13			
14			
15	*		
16			
17	*		*
18			*
19			*
20	*		
21		*	

Table 27

Theme: Family Structure - Poor Boundaries Concerning Sexual Issues

Subject	Quote
#1	No boundaries whatsoever (concerning sexual issues). I mean one of the first things we have to teach these children when they get put in a foster home is you should knock before you go into a room. You don't just barge into the bathroom. You're allowed to lock the bathroom or bedroom door. I mean there's just no boundaries whatsoever. Parents don't teach appropriate boundaries. There was also no attempt to hide their (parents) sexual behavior. Yeah, it was like in the living room and in the kitchen and there was no attempt to try to hide it.
#2	None. (no boundaries concerning sexual issues) There weren't locks on the doors. On most occasions, I would probably say not because these people are lucky to have a roof over heads most of the time, let alone worry about locks. Most of these children haven't been taught sexual boundaries. No boundaries.
#3	A few of the mothers that are single mothers, they discuss their sex life and their sex drive and thing like that where there should be boundaries. Single mothers tend to have more of a boundary issue. Kind of look at son as being man of the house. The male influence basically isn't there. There's no boundaries. In the homes I've seen either poor boundaries because of the parents' dialogue about their own sex life, openly communicating about their own sexual issues.
#4	Well, yeah when they're (adolescents) talking about their own sexual abuse there's boundary issues. Bathing and touching. A lot of times the children may be put in the same bed and asked to do things. For the most part parents don't respect adolescents' sexuality, honestly no. That's why we get these children with no boundaries. But kids don't understand that their own sexual abuse was an invasion of their sexual boundaries. That's why treatment takes so long, because that's the way it was.
#5	The boundaries. I would say that there is no boundaries existing between the parents and the kids. Because they allow kids to watch movies that invoke sexual education and they are watching with them. So in terms of boundaries, I would just say that there's very little or no boundaries. None. No guidelines that these parents set. Because most of them said they've seen their parents (having sex), meaning that they had no boundaries at home in terms of allowing the kids to see things like that. So in terms of boundaries, I see very little boundaries of sex, none. For the most part parents don't respect adolescents' sexuality. They walk in the bathroom whenever they want to. When the child is taking a bath they just walk on in. They won't get out even when asked.
#6	I'd say with those kids where there's a lot of sexual stuff going on in the home, that's (boundaries) a major problem. That seems to be a major problem in a lot of homes, the boundaries. The lack of boundaries, lack of personal boundaries, personal space. You get those kids where there's no boundaries at all. And you get everything inbetween. There's no defined boundaries. Like people interfering

Table 27 (continued)

Theme: Family Structure - Poor Boundaries Concerning Sexual Issues

Subject	Quote
	with people's space without warning. They don't respect or understand the concept that people have a right to not have their boundaries trespassed upon. These kids are in these types of homes and grow up with this skewed sense of what's appropriate sexual behavior.
#8	Very little (sexual boundaries). Those who have been sexually abused obviously didn't get those boundaries. Boundaries were not respected.
#11	We have them from very, very enmeshed to the point that they're (parents and kids) hugging, kissing, hands down the pants, to there's no access at all due to abuse. They (parents) are not allowed custody.
#12	Typically, those (sexual) boundaries, its not an appropriate parent-child relationship. They're not always physically sexually involved with them, but its more like a sibling or a friend instead of an appropriate parent. Are boundaries respected? If the child's been molested, no. And like I said, the vast majority of the juveniles that we have in here were molested and more often than not, it was a male perpetrator that molested them, often some one in the home. So you can't really say their boundaries were respected. So I'd have to say no, for the most part, their boundaries were not respected.
#13	A lot of times you see poor boundaries in this group. Kissing on the lips and a lot of touching.
#14	Well there isn't very many boundaries. That's part of the problem. You know we've had some parents that involve, you know, have sexual relationships with the kids themselves. And the mother, no boundaries as far as clothing. I mean a lot of them don't even wear clothing in the home. You'll see a lot of enmeshed kind of family systems where the mother is getting a lot of her emotional needs slash sexual affirmation needs met by the son. You have a lot of single parents, single mothers, and they seemingly get all their needs met by their sons, inappropriately. A lot of these kids just think a lot of what they do is normal because that's all they've ever experienced.
#15	Very blurred boundaries, weakly defined areas of intimacy, privacy, and withholding or concealing information from them for their own behavior. Intrusiveness about the child's sexuality, elaborating on any kind of dynamic the child may have done and distorting it into a sexual connotation frequently. So the boundary about both physically and sexually between them and their children is poor to non-existent, and, if nothing else, vicariously live off their sexual reactions or what they perceive to be sexual reactions. Usually, adolescents' sexuality is not respected and there may be overt attempts to erode that boundary. For instance, taking ordinary human behavior, elaborating on it and presenting it back to the adolescent in a taunting or teasing or sexualized manner is a typical behavior. It often happens if they're molesting that child too.

Table 27 (continued)

Theme: Family Structure - Poor Boundaries Concerning Sexual Issues

Subject	Quote
#16	Sometimes it's actually physical boundary issues, sometimes it's an emotional boundary issue. Several kids have been molested. For those with a more narcissistic personality orientation, they will operate on the, you know, if I want it, I should have it. They have kind of an ownership mentality towards others. You know, much like the narcissistic criminal in general, if I want your car, then I'll take it. I should have it. There's a failure to recognize that other people have feelings, rights, and so on, so there's that kind of boundary violation. There are other kids who aren't so much narcissistic as they are driven by the sexual fascination and arousal, so that they're constantly seeking sexual gratification. It's not a narcissistic personality flavor. It's simply that compulsion, that sexual compulsion. You know, there are others who will evidence kind of a victim approach where they're coy and seductive with other adolescents. And literally try to get other people to abuse them because that's what they think people who care about you do. So again, there are a variety of patterns, I think, often connected with the kid's own life experience.
#17	In some cases, not all, the parents are fairly open with their sexual activity. There's often not enough privacy in the home.
#18	There is a lack of boundaries in the family, and its sometimes compounded by chemical dependency that's also part of this mix in the home. Parents aren't sober that can provide the boundaries.
#19	I think that oftentimes all I can think of, the seventeen or eighteen we have right now, we have about two parents who are very touchy in suggestive ways. Not that they actually touch their penis or anything like that, but they're, their touches are more like they would caress a boyfriend. So it's very confusing, I think, to the adolescent sometimes. Some of them place their adolescent males in more of a male position in the home where actually they're more of the protector, sort of the little man syndrome of the house. And then there are, we have one in here who actually had sex with his mother on two occasions, but that's pretty rare. That's really pretty rare, in fact that's very rare. But usually it's verbal. Usually there's a lot of verbal, you know, sexual talk that's just not appropriate. Quite a few of them don't (respect adolescent's boundaries). I mean, well, I won't say quite a few. I would say probably fifteen to twenty percent seem to don't respect the boundaries very often. They walk in at times when the adolescent wants privacy.

Table 28

Theme: Family Structure - No Rules Relating to Sexual Issues

Subject	Quotes
#1	No controls in place to control adolescents sexually. As a matter of fact, I've had some that as they are going through treatment say they wished someone had asked them about their sexual behavior. No rules existed (concerning sexual issues). None whatsoever that I've been able to see for the most part.
#2	No rules (concerning sexual issues). Probably no. Anything goes.
#3	Rules only arise when they get caught. And then it was their level of how they tried to control it was pretty inadequate. But if they were caught, mostly that was with a sibling, if there was some sort of incest in the home, then sometimes that would target supervision, but little, very little. Most of them didn't have any sexual rules at all. The parents just really didn't have any dialogue about sex going on or anything.
#4	Parents show little concern for adolescents' sexual behavior. Supervision was certainly a problem in biological homes. So setting up so called rules was one thing, but supervision, now that was another.
#5	I don't think there are many rules in homes concerning sexual issues.
#6	That's a good question, and truthfully I don't think most of these cases anyway honestly that there is any. That's something that they either don't talk about or they talk about it in an inappropriate manner so they don't come up with any rules that are rarely constructive. Not a lot of conversation about rules.
#8	Rules as far as supervision and keeping it (sexually deviant behavior), no. Some parents are not responsible at all.
#9	Prior to the committed offense, one of the big problems is just a lack of supervision and a lack of interest. Not really knowing where your kid is and what your kid is doing and what they're actually involved in. Again, before the offense occurs, the rules are probably pretty lax, maybe non-existent, or just not discussed. There may be rules about not seeing certain things on TV or things like that, but there's no real follow up to make sure the kids aren't doing those things, are abiding by those rules. So I think its pretty lax supervision and the rules may be there, sort of in a perfunctory way.
#12	The overall rule is don't get caught. If you want to be honest about it, it's don't get caught. As far as actual supervision, supervision is absent. Prior to incarceration, this (real rules)are just not talked about. I mean it's almost taboo. Sexual rules that sort of thing. Our societal taboo is probably what's creating these monsters as much as anything.

Table 28 (continued)

Theme: Family Structure - No Rules Relating to Sexual Issues

Subject	Quotes
#13	Most parents don't try to control their kids' sexual behavior. I think it's kind of a hear no evil, see no evil type of thing where they don't want to know. They deny the existence of a sexual problem with their children. They always minimize what has happened, make excuses. So a lot of times we don't see a lot of rules. Like I said, they don't try to control that as much 'cause they don't want to talk about it.
#14	I would say more no than yes. Again I think they're (parents) are more permissive in nature. So they don't try to control their kids' sexual behavior. I haven't heard of any families having too many rules in this context regarding that (sex).
#15	Parents don't attempt to control their adolescents' sexual behavior not in a constructive way whatsoever. If they put any controls or manipulation on it, it's usually done at their own whim or to somehow involve themselves, overly so, in the child's sexuality. Usually the purpose being to vicariously live off of the sexual behavior or activity or whatever of the child.
#16	I'd say what you find predominantly is there aren't, at least no overt rules. I think probably in every family, there's a set of assumed, unspoken rules that are enforced without ever being spoken. I think there are a number of families where there are things that are happening sexually but we don't talk about it because we don't know what to do about it. We don't know how to deal with it.
#17	Parents don't attempt to put controls on the adolescents' sexual behavior, no not usually. But that's true of parents in our society of any aged kid with any problem. Typically they don't follow through. You talk to a parent and they say, I've tried everything, but they didn't stick with it. They weren't consistent and consistency is critical in raising kids.
#18	See I'm trying to think of all the families I work with and all the things that happened, if there was anyone that was effective in explaining rules. Nope, I think that once we get to the court level and the court has to start explaining the rules. No one's explaining the rules very well until then, and explaining things, sexual issues.
#19	They (parents) don't do a good job in that area (making rules concerning sexual issues).
#20	Better not get pregnant. Don't get any diseases. They don't want them to have sex, basically, but they kind of almost give tacit approval because they say, well, you know, adolescents will be adolescents. They're going to experiment. So, there's not a lot of rules about sex. The kid gets the idea that parents don't want them to, but they probably will because that's just being kids. The rules only come when they've gotten caught or in trouble.

Table 29

Theme: Family Structure - Parentification of Adolescent

Subject	Quote
#1	Well most of the homes were so dysfunctional, and I'm thinking specifically in cases where the mother was using some kind of drugs or alcohol or whatever, and the child had to take over the role of the parent.
#2	Most of the time they have very dysfunctional family roles. A lot of times you have children trying to take on the role of the parent, parental caregiver type of thing, and trying to protect other children. I have had kids that have taken on an adult sexual role in the role in the family. It was initiated by the parents initially and then became alarm behavior and then it became a problem when they got out of the home.
#3	A lot of role reversal - kids taking on an adult role. There's a lot of role reversal especially with single mothers. The boys take on more of an adult role as another care provider and, you know, trying to of the kids, things that would be more adult or parental role. Mothers also share sexual information with their boys. They (boys) take on an adult role there too.
#4	The majority of biological homes were single parents. It was not a lot of separate roles. Very little nurturing on the part of the parent. Kid takes on parent role, you know. The level we work at, the families are pretty dysfunctional. The kid gets up and takes care of the mom. At night mom disappears and the kid really takes on parent roles. We get the very desperately poor families dealing with food and cooking and doing things a mother should be doing, but she's passed out or she's not even there. I think it's just more surviving.
#5	I think for the most part the kids, family roles become very, very enmeshed, no separate roles. There's roles no one takes on, such as sexual education, and boys often take on a fatherly role. For the most part they (boys) take on an adult role concerning sexual issues. Yeah, this is a very typical example of the child who told me that he had to act like dad, you know, sexually.
#6	Yeah, occasionally you see the child take on an adult role. You really do. And it can go all the way up to where there's serious questions about whether the parent and the child are having intercourse. Now that's a rarity, but it does happen.
#9	You know, I'm not real sure that there are any family roles concerning sexual issues. Maybe it's more of a lack of someone taking that responsibility. I've seen them (adolescents) taking on an adult role with the father being absent, especially once they hit puberty. If there's a single mom and younger siblings, sometimes they will step in. They'll try to be the boss, they'll try to be the dad.
#11	Most of them (family roles) are chaotic and inconsistent with multiple disruptions. A lot of times adolescents took on adult roles, and most of our young men are being placed in the adult role. You're the man of the house.

Table 29 (continued)

Theme: Family Structure - Parentification of Adolescent

Subject	Quote
#12	I generally see in all areas, including sexual issues, an inappropriate parentification, empowerment of the child. They're treated more like an adult, an equal, or a sex object rather than as an appropriate parent - child relationship.
#13	You know, we have a few moms that talk openly with their sons about their sex life, treat them like a friend instead of a child.
#14	He's generally forced to be like either the, quote-un-quote, big brother or slash father at times, yes. He gets more responsibility at too early of an age, and he kind of resents it.
#15	It's a large dysfunctional model. They (parents) don't play the role of supportiveness whenever adolescents turn to themwith problems. They either brush it off or deal with it in a dysfunctional way. They don't tend to play the role of a counselor, or guidance kind of figure either. So they pretty well abandon the roles that parents normally might play.
#16	I think the predominant role is the inadequate parent role and the failure to supervise. The failure to talk about stuff and the failure to make sure bad things aren't happening. And usually folks who aren't making sure bad things aren't happening aren't guaranteeing that good things are.
#19	Yeah, a lot of them are put in sort of the parenting position, even parenting the parent and their siblings. A lot of resentment and anger related to that. And we have quite a few that way, actually. And then a lot of times, the role is more, often times it can be sort of a servile thing where, well all they want to talk about is that he doesn't do work, and I expect him to do this and that. And it's usually beyond what the expectations of a child that age should be. Sort of a servant, servantile type of thing. Or it can be the sort of the love-hate object of a bad relationships, a lot of transference of anger towards the you know, the child's sort of a scapegoat. The child is protector, we see quite a bit, and resistant towards that.

Table 30

Family Structure

Subject	Poorly Defined Sexual Boundaries	No Rules Concerning Sexual Issues	Parentification of Child Sexual Role
1	*	*	
2	*	*	*
3	*	*	*
4	*	*	
5	*	*	*
6	*	*	*
7			
8	*	*	
9		*	
10			
11	*		
12	*	*	*
13	*	*	*
14	*	*	
15	*	*	
16	*	*	
17	*	*	
18		*	
19	*		
20	*		
21			

Table 31

Theme: Violence in the Home - Sexual Violence

Subject	Quotes
#1	I had one child. I just started working with him a couple of weeks ago. His mother was a very, she was using drugs so badly, but she was trying to get out of them alive and she became a nark for the police and of course, I can't say what city. But in the process of doing this, the child witnessed his mother being stabbed and pretty very badly, but it was with the same man that she had in the home and had been having sex with to get drugs and things originally.
#2	I would say, the sexual violence, I would call most of it violent. I guess you would say because you have children that are being forced by their parents to do things that they do not want to do. But I have parents that have anally forced themselves on their children. I've had a boyfriend that forced a son to have sexual relationships with the mother. And I would say, in just about all, in any of those kind of occasions, I would consider that violent. If there wasn't hitting involved, I still think they were violent.
#3	Well, violence, there's only been a few boys that live in a sexually violent home, but that's been a smaller percentage. There has been violence in homes though. A lot of them have been exposed to domestic violence or physical abuse and a lot of the mothers, even though the boys, a lot of the mothers have their own issues sexual abuse and have shared that openly with their sons.
#4	I think any time a child has gone through sexual abuse, I believe that's violent in and of itself. But as far as like physically sexually violent, dad raping mom, like that, I don't know that there's a high, high percentage...The violence, I'm sure there was a lot of physical abuse, but I don't know about violent sexual, besides that sexual abuse to children is violent.
#5	A lot. (child molestation)
#6	But violence is always an issue for me, whether there's any physical violence or sexual violence going on. And a lot of times, that has gone on, a lot of times it's not going on at the time that I've been called to look at something that's taken place in the past or something that they've got out of just recently sometimes. Well, it's a lot of domination type things usually where usually the male's doing the sexually dominating thing to people.
#7	Some were exposed to domestic violence usually with alcohol involved and then resulting in inappropriate sexuality stemming from the alcoholism.
#8	Anything from rape and torture to fondling and abuse, including physical abuse and emotional abuse. It's more physical violence.
#10	If you'll allow me to make a generalization about that. My belief is that for our population, we have probably a greater than average number of adolescent

Table 31 (continued)

Theme: Violence in the Home - Sexual Violence

Subject	Quotes
#10	offenders who themselves have been perpetrated against. I think our numbers would be a little higher than national numbers at that. Some of them by a known family member and others that will come out later that it has been somewhere along the line in placements that they've had or family members who are not close kin, that kind of situation, cousin, uncle. But we've probably a higher number of boys in general than I think would be typical.
#12	I would say it's pretty high level, or can be pretty high level, with the male being more or less, feeling like the female is there for his needs. It's not just sexual violence, but the overall pattern. He could just as easily beat mom for not putting out sexually as he would for spending too much money or whatever. Just typical domestic abuse patterns.
#13	You do see a lot of kids growing up with mom being (sexually) abused by all of her relationships and a lot of times, you see the moms going from man to man and getting (sexually) abused by each one.
#14	Oh, just basically abuse, and you've got some people who are somewhat sadistic. And a lot of them have seen their father rape their mother, you know, without her consent. You know fighting, yelling.
#15	Usually there is a good deal of violence in these homes, and it may accompany or be surrounding sexual events as well. There may not be a direct connection, such as in hostile rapes, but nevertheless, frequently when the family is stressed and facing difficulties, there's sexual acting out by the parents.
#16	A lot of these kids have been coerced with the threat of violence or the actual violence. And you know, once you've been beaten up real bad, you know, from then on, you'll do this or I'll beat you up like I did last time. That becomes a very effective negotiation tool. And I think there are some differences. I mean the group of kids who have experienced that kind of chaotic, coercive violence and the kids who've been, more subtly groomed with gifts and presents and they've been befriended. And then they feel guilty if they don't help this person whose been nice and given them gifts. So, there's, gosh, a wide range of exposure and experience involving violence and threats of violence.
#17	That varies as well. Many of these homes do have domestic violence, some of which gets translated into sexual violence. Many are absent of that. Homes that have more sexual violence, I think research has indicated, translates into more of a rapist type MO in the child.
#20	I'd say with at least thirty, a third of them, that there is some kind of sexual violence, whether it's between the parents or at least in the child's perception, it's violence. Because they think of mother as being hurt, and sometimes they will think mom is being unfair and not being, playing her role because dad is so angry.

Table 32

Theme: Violence in the Home - Physical Violence

Subject	Quote
#1	Physical violence was in almost all of them. There was a lot of that. A lot of the parents would just fight all the time and its one thing to talk about all the time the parents that fight and scream. I had one little boy who he just focuses in on, underneath the porch is where he went to get away from the family violence, which the sexual abuse he doesn't seemto think that's such a big deal, but the family violence that went on almost every day.
#2	Standard, I have not had a lot of occasions that have anything to do with physical violence. But I've been in contact with other people that have, have more direct contact with the parents than I have and it seems to be a great deal of physical violence in the home when you have problems like this. I just haven't had that much contact with it myself to face it.
#3	Most of them at an early age are exposed to physical abuse…witnessed a mother being beaten in a relationship. And it's been specifically within an emotional setting. Many of our boys were not taught how to handle anger and aggressive behavior, we get a lot of openly aggressive mothers, passive aggressive fathers.
#4	There's excessive physical violence in the home. Everything. I'll give you some examples.Penis being burned with cigarettes. A guy who covered the child's head until he passed out and mom had to revive him. You know, knocked against the wall so much they had frontal lobe damage. Killing the family cat, cooking it. Just a few examples."
#5	Fighting, throwing things at each other. Mom being tied to bed and beaten by Father. You see it all.
#6	Well, sometimes if there's two parents in the home, you get a lot of yelling, sometimes hitting, and sometimes sexual things, just depends on which one of these extremes you're talking about. and we've had other circumstances where like I said there never appeared to be any of that sort of thing going on so the kid gets that mostly from the media and from his peers. I'd say a third of those homes have violence in them. At least a third, some type of violence, and it could be a little higher than that. Sometimes it's just hard to figure out; sometimes it's hard to really find out these things.
#7	Probably between, probably around forty percent have had some kind of issues at one point, maybe no more than one or two incidents, but yeah. Mostly, violence between parents.
#8	Well, most of these kids, like I said, don't have homes. Their history suggests that (exposure to physical violence).

Table 32 (continued)

Theme: Violence in the Home - Physical Violence

Subject	Quote
#9	And then there are other homes where there's a lot of domestic violence: hitting, yelling, name-calling, denigrating the other person, threatening the other person leaving. When you've got drug and alcohol abuse in the home, you've got everything that goes along with that.
#10	There's a fair amount of violence...Gosh, I'm trying to think in round numbers of the number of boys in the programs. Yeah, a fair number of them have had both violence towards them or observed it toward a parent or between parents or between adults in the home. A fair number of them have had that exposure. I mean everything from extremely aggressive discipline to observing domestic violence within the home. I mean it's a broad range.
#11	Sadistic to verbal abuse. And I would say that there was about ninety-nine percent of them have physical violence within the home system.
#12	I would say it's a high level of physical violence. Frequent physical abuse going on between adults, and from the parent, primary caregiver to the child.
#13	Really abusive most of the time. You know, dad beatin' up mom, beatin' up the kids.
#14	Oh, that's a lot higher. I've seen probably sixty, seventy percent of them come from that type of abusive homes. I've seen numerous stepparents, which they generally experience abuse too. Witness and experience, I'd say the overwhelming majority.
#15	There is certainly usually a lot of verbal and emotional abuse, and so nonphysical incidents occur where their parent may be drunk, yelling, hollering, fighting and no direct physical contact is made with children. That there's a high predominance of, and right behind that would come actual physical striking of a care taking parent, such as a mother or the child itself. But neglectprobably runs a little higher, their witnessing of abuse directly on a close family member or themselves is fairly high.
#16	Oh, geez. Well, there are beatings. There are beatings with objects. There's sexual behavior involving objects and pain. There's yelling and screaming which provokes emotional pain. There's guilt-tripping. I mean, hit, kick, bit, pinched,I mean, all the, those kinds of things may end up being involved.
#17	Offenders that are more rapist-type, more physical violence in their offense, more domination, tend to have experienced more physical violence directly or indirectly. Even more so indirectly, watching dad be violent towards mom or sisters.
#18	They're exposed to physical violence and deprived. Depravity, depravity where the man controls the money and the wife doesn't get to go anywhere, and they don't always have the best of food. They're exposed to deprived action, I know that. And physical violence. Hitting and oh, cussing, you know.

Table 32 (continued)

Theme: Violence in the Home - Physical Violence

Subject	Quote
#19	That's probably, now we're getting into higher percentage. That's anywhere from, if the parents are doing the physical violence would be probably from anywhere between thirty and forty percent. The kid doing physical violence would probably be around, can fluctuate anywhere from fifty to sixty percent. Oddly enough, most of our boys said they would trade any kind of the abuse they had if they just weren't emotionally abused. They seem to react stronger to that than anything. Lowering their self-worth, buying what a lot of them are more concerned with, the words that go with it, you know, or just the words alone.
#20	Neglect only in failure to protect. But none of the ones I work with are what I would call disadvantaged kids. Neglect in that maybe parents are too overwhelmed with their own difficulties or problems to give as much attention to the kids. But they're not underprivileged, they're not lacking for material things or playing soccer, playing whatever, tae kwon do, what haveyou. But it may, the neglect would be in the emotional arena. Parents just don't have enough to give.
#21	There seems to be a great deal with the children, with the children with each other, and the parents emotionally witheach other. Either they're verbally emotionally abusive or they withdraw from each other and emotionally abuse eachother that way.

Table 33

Violence in the Primary Care Environment

Subject	Sexual Violence	Physical Violence
1	*	*
2	*	*
3	*	*
4	*	*
5	*	*
6	*	*
7	*	*
8	*	*
9		*
10	*	*
11		*
12	*	*
13	*	*
14	*	*
15	*	*
16	*	*
17	*	*
18		*
19		*
20	*	*
21		*

Table 34

Effects of Sexual Violence on Adolescent Sexual Offenders' Behavior

Subject	Quotes
#1	The hardest part for them is realizing that here they are, especially the younger ones when they've been yanked out of their home because of this horrible sexual abuse. And even though it was horrible, a lot of the stuff they thought was horrible was the part that really felt good and made them feel good. So they have a hard time understanding that part of it felt good, then I must be the most horrible person in the world to enjoy that. Making them understand that there is a part of sex that does feel good even when it's inappropriate and it's not anything they've done wrong. Because they feel so guilty they still want to masturbate. And "I must be the most horrible person in the world because all these people in prison or... (?), but I still enjoy the sexual, some of the sexual acts." Made it very hard for them to understand what a normal sexual relationship would be.
#2	Probably will have problems the rest of their life because of it. Well, because they learned inappropriate sexuality and it's going to be very difficult for them to learn not to express their sexuality in the way that they have learned from almost toddlers that that's how you act. And when you learn, especially when you're learning something before the age of five, that's when your personality's being checked and so it's going to be very hard to learn a different way.
#3	It's one of the bigger contributing factors. I think that a history of sexual abuse, so that the parent and what kind of parenting role they take...the subject is taboo. And then the families where it's openly talked about in ways that are inappropriate..they really haven't dealt with their own sexual abuse.
#4	Learned sexual violence is a way of life.
#5	Exposure to sexual violence effects these kids a lot. Very much. It becomes a learned behavior.
#6	Oh, it's bound to. I mean any type of behavior that you see for a long period of time and that's your environment, especially in some of these environments that these kids have come out of. They've been some of the worst cases we've had. So that's bound to affect a kid's view of what normal sexual behavior's like. Frankly, some of these kids that come out of those extreme environments like that, I'm surprised they're as healthy as they are.
#7	It created an emphasis for later in their own adolescence to recreate some of that (sexual violence), to act that out.
#8	It doesn't help it. You know, we're supposed to be role models for our kids, and if you're not a role model in the right way, they're going to learn the bad things, just like physical violence.
#10	I think, clearly for a number of them, it has exposed them to deviant sexual behavior at such a young age that that's the only pattern and example that they've seen. In the absence of other information, you know, there's a fair number who go out and perpetrate the same.

Table 34 (continued)

Effects of Sexual Violence on Adolescent Sexual Offenders' Behavior

Subject	Quotes
	raped repeatedly, and here he again, he was prostituted by his mother to male clients and had sex with her in front of them. So this happened very early with him, so it was pre-logic, pre-verbal. That's just part of who he is now, it isn't going to go away. And now as far as he's concerned, that's appropriate behavior.
#13	I think it confuses them. They don't understand what sex is supposed to be about.
#14	Significantly. And again, I think they've been over-sexualized at an early age, and you know they don't know right from wrong to a large extent, or it's at least distorted. They've heard one thing, and seen another.
#15	Well, it fused some of the elements of sexual arousal, abuse, hostility and aggression, which is pathological. It blunted them from developing sensitivities. It certainly stymied their development so that it is a much more immature expectation of sexual intimacy and partnership and blunted it down to just immediate, physiological gratification. So I think that it has certainly contributed pathology and restricted development. It's underdeveloped and a much moreimmature age. Very frequently, you see them victimizing children who are their emotional peer. In other words, a sixteen or seventeen-year-old boy will have a five-year-old victim. And in detailed discussion with them, what you'll find out is that the sixteen or seventeen-year-old's emotional intimacy age equivalency is five years old. And this is a simple version of how this kind of environment has stunted their intimacy development. It has stayed very underdeveloped
#16	Well, a lot of times, what you see is that when they offend others, it involves the same kind of violence that they've experienced when they've been abused. It creates, sometimes, specific sexual dysfunctions. The principal dynamic in sexual offending is, of course, power and control which is a reversal or, if you will, a reaction formation to their own abuse experiences. And of course it doesn't always have to be sexual abuse, it can be physical, emotional abuse that resulted in the kid feeling helpless and powerless. And so now, a lot of their psychological energy is directed towards feeling in control, having power. That old misstatement that rape isn't about sex, well, of course it's about sex, but the point isn't necessarily sex. It's sex as a tool to gain and obtain power and to feel not a helpless victim, but rather a powerful one who's in charge. But it is about sex because it's done through sexual behavior. I think those are the outcomes that we see.
#20	Well I think it makes them more aggressive. Well, as children, they often feel impotent, helpless, powerless. And a lot of the, oh, personality tests indicate they have a need for more power, more control, and the aggression is one way, or bullying, is one way of taking that control.

Table 35

Effects of Physical Violence on Adolescent Sexual Offenders' Deviant Behavior

Subject	Quote
#1	Well, I mean they really relate you know. "Do what I say and I'll hit you", and that's just normal. The aggression seems normal to them, and it's very difficult for them not to realize that it's, or to understand that it's not normal.
#2	Oh, I think that they would probably think that would be a normal way to interact with other people.
#3	Well, I think does have some of the dynamics for their ...life, power, aggression, and someone else..
#4	Relates violence to sexual acts.
#5	Very many ways. See parents behave in violent ways leads them to act out violently even in sexual situations.
#6	Oh, I think it affects them different ways. Sometimes it makes them more aggressive, and sometimes it makes them have very little self-confidence. And their self-confidence then affects how they develop sexually. And truly a lot of these kids that we get are what you call misfits or oddballs, whatever term you want to use for the kids who don't fit in very well with other kids. They're kind of loners and like sometimes they even look goofy or look different than the other kids. It's them being social misfits for one reason or another. And that takes its toll.
#7	There's always a component of physical abuse in the more chronic offenders. You may not even ever uncover the sexual abuse issues, but the majority of the more chronic ones will have some kind of background of physical abuse either exposure by seeing their parents involved in it or they themselves were physically abused.
#8	They're taught aggression, they're going to be aggressive. If you're not taught morals and concepts of right and wrong, then you're not going to act that way.
#9	I think that it, you know, clearly there's a problem with appropriate boundaries. And whether it's physical violence or verbal violence, emotional abuse, you know, there's a lack of respect for the other person. There's this idea that if you're bigger and stronger, you can bully the other person, or overpower the other person. And I think that kids have been exposed to that, you know, they have more of a tacit, maybe approval isn't the right word, but an understanding that you know, it's okay to abuse someone who's smaller than you or weaker than you, or less functional than you. Those are the kids that...they're abusing other small children.
#10	Well, for a number of boys, it has really influenced that sexual behavior. A number of them, there are definite violent tones within their behavior. It's not simply, it's not been simply just, you know, sexual experimentation or sexual behavior, it's had the violent component laced in it.

Table 35 (continued)

Effects of Physical Violence on AdolescentSexual Offenders' Deviant Behavior

Subject	Quote
#11	I think it greatly did. Often when we see physical abuse, it's just a prerequisite. But it's just an antecedent for possible sexual abuse or violations sexually.
#12	I think that what happens, they get to the point, especially among a narcissistic power rapist type where they don't make a distinction between a violent control type action and having sex. It becomes, it can become the same thing to them. Here again, it gets back to the whole deal that rape isn't a crime of passion, it's a crime of violence, so it can be a control trip for them. And it, if they were molested themselves, it's a way for them to take on the persona of the attacker. I've seen that proved out several times. They feel like they're gaining control somehow back from taking on the persona of the attacker. So it's a, yeah, it affects them very deeply.
#13	I think it made 'em angry, and made them feel weak which leads to the sex offender cycle, gaining control over another individual.
#14	Well, they've learned to vent their anger out in a sexual way more so, you know, than they would picking a fight.
#15	I think it adds significantly to what is already a damaged piece of goods. And it probably contributes heavily to the barrier to age development of intimacy. In other words, the deprived environment might leave them behind and with a lot of misconceptions. But the violence adds to this freezing of maturity that I was discussing earlier where they have the emotional equivalency of a five-year-old. That factor, I'd say the violence directly contributes to.
#16	Well, it makes them every motivated to manipulate, both overtly and covertly. It creates not only a lack of trust, but an active mistrust of others. When they find themselves in positions where they have power and control, they tend to visit that kind of abuse on the people they have power and control over because it's what they know. It's the way things work. And of course, in a general sense, it contributes to very pathological attachments, so we find people victimized as children seeking out victimizing partners in adulthood.
#17	A lot. We learn vicariously about sexuality, about dominance, power.
#18	Physical violence has a huge part to play in a sex offender who is motivated by control. Sex offenders and their thinking errors come from lots of places, and violence is definitely one of the places. I could do anything that I'm big and bad enough to do, and you can't stop me. Violence is a huge part of this. So I think what violence they've seen and what they see on TV and what they've been subjected to highly affects the sexually offending behavior.

Table 35 (continued)

Effects of Physical Violence on AdolescentSexual Offenders' Deviant Behavior

Subject	Quote
#19	Oh well, it's definitely in terms of feeling disempowered, feeling and then identifying with the aggressor in some way that they might be frightened by their own anger. So that if I was the aggressor, by becoming aggressive sexually because it supposedly brings more pleasure, but there's a definite, definitely sort of generalized transfer. Because a lot of their sexual offenses are anger driven, and so whether it's emotional abuse, physical abuse or whatever, they're doing the other to become the one who's in control and who is, who can then create at least a momentary sense of self-worth and empowerment.
#20	Well, I think predators may be too strong a word. But in a quest for their own identity, a quest for more control, more power, I think sexually it's just one means of expressing that.

Table 36

Overriding Theme: Lack of Supervision

Subjects	Quotes
#3	(When discussing sexual boundaries) Because of the lack of supervision, they're getting a lot of time on their ownwhere they're not being supervised. I don't think it's the parents respecting their privacy, but just them not being good parents. Only when they caught them. And then it was, their level of how they tried to control it was pretty inadequate. But if they were caught, mostly that was with sibling sexual abuse, if there was some sort of incest in the home, then sometimes that would target supervision, but very little. (When discussing rules concerning sexual issues) And they did have kind of a lack of supervision at home, like they would just go any time of night, day and parents weren't supervising what time they should come in, and they would have more access to a sexual relationship at home.
#4	And a lot of homes had several children left unsupervised in the home. But supervision was certainly a problem in biological homes. So setting up the so-called rules was one thing but supervising and enforcing was another.
#5	It (pornographic material) wasn't that they were hiding it in a particular place or unseen. Most of the kids observed that this is easy for them to get. Kids know where material is, easy access, it's a lack of supervision. And supervision, the most important thing, that even when he (guardian) just keeps the material in the home, the kid can easily get it from their parents, it's a lack of supervision.
#6	No supervision in some homes. Parents not careful of what kids watch.
#7	Parents had purchased it (pornographic materials) for their own use and the children find it in the home. It amounts to a lack of supervision. Most of them found the materials (pornography) in locations where the parent had put them up. With some cases, the parents put them wherever, it didn't matter. They do attempt to prohibit them from being sexually active by at least stating that it can cause them harm, but nosupervision.
#8	Most of these kids don't have a stable home life. Most of them are left on their own to do what they want to do. Very little supervision. I don't think so (parents ask their adolescents about their sexual behavior). With the lack of supervision, I don't think so.

Table 36 (continued)

Overriding Theme: Lack of Supervision

Subjects	Quotes
#8	I guess that would depend on what you mean by control. Control as supervising and keeping it (sexual behavior) from happening, no. Some parents, again, are very responsible, but most parents are not responsible at all.
#9	Families where maybe there's substance abuse, and so the parents are not adequately supervising, you know, they've got unsavory people in the house and you know all kinds of things are going on. And they aren't thinking about the effects (of being exposed to sexual behavior) on the kids. But they'll say things like, well, they know they're not allowed to watch certain channels on TV, but the channels are still available on TV. Or they'll say, you know, I keep that channel because after the kids go to bed, then I want to watch what I want to watch, and they ignore the fact that, you know, the channel is always there and they're not always monitoring the kids. So they kind of say one thing, and then, you know, but in reality they don't want to give up anythingof their own. So they don't want their kids to do it, but they don't really want to give it up. Once there's been an offense committed, the parents are more proactive about that (controlling adolescent sexual behavior). But I think prior to that, one of the big problems is just a lack of supervision and a lack of interest, not really being aware of where your kid is and what your kid's doing and what they're actually involved in. Again, I think before the offense occurs, the rules are probably pretty lax, maybe nonexistent, or just not discussed. There may be rules about not seeing certain things on TV, but there's no real follow-up to make sure kids are abidingby the rules. So I think it's pretty lax supervision and the rules may be there, sort of in a perfunctory way.
#10	In my experience, exposure to inappropriate materials, you know, pornographic materials in the home, there's non -censoring of sexually explicit cable contact, or home videos that have been kind of uncensored. It's been more of an unsupervised exposure. More and more it's becoming internet, and it's a fairly recent phenomenon. But I know for a number of boys, that I've talked to recently, it's you know, the parents will have access to fairly explicit cable stations, and that sort of thing. And rather than putting any parental guards in place, it's like don't tune in to Cinemax don't look at that on the Internet. But no steps are taken. Absolutely. I think a huge percentage of their behavior is due to a lack of supervision. Either in their own home or in the homes that their sons visit. Huge supervision gaps. The parents have told us they communicate very little if any with the parents of the friends that their children are spending time with. Their son staying over at someone else's house, they don't check intoit, you know, by the way, what kind of supervision are you going to have. Those questions just don't seem to ever get asked.

Table 36 (continued)

Overriding Theme: Lack of Supervision

Subjects	Quotes
#11	We're getting more in that have access to the Internet, and we have problems with them in like the education area wherethey have access to it. It's not always monitored and sometimes they come up with a lot of explicit stuff. (When discussing the supervision of pornographic materials) No. Not generally. They may believe that they were in supervising, but it, you know, being a parent yourself, sometimes you can't always be there twenty-four-seven. But often their choice is because of no treatment because of their own abuse they tend to have less leniency and boundaries and issues. They tend to be inconsistent and often allowing them to do things that they wouldn't ordinarily have access to or exposure to. (When discussing the supervision of adolescent sexual behavior) No, because they charge of other younger children, or in situations that gave them access to numerous victims or potential victims.
#12	In most cases, very little supervision of pornographic material and it's inconsistent in nature. It's one time, they'll (parents) would let them go ahead and be in be very permissive, another time they'll be overly punitive. So it's a very inconsistent type of supervision. Supervision's absent (when it comes to controlling the adolescent's sexual behavior). After they've gotten into trouble, part of what we try to do is get them to establish sexual rules, curfews, who's supposed to be where, appropriate age, consent, that sort of thing. But prior to it (the sexual offense) this is something that's just not talked about. I mean it's taboo.
#13	I think they (parents) mainly hide it (pornographic materials) and hope that their kids don't find it. I don't think they monitor what their kids watch. A lot of times, you don't see a lot of rules (concerning sexual issues). Like I said, they don't try to control that as much cause they don't talk about it.
#14	Yes, they're just neglectful and assume that they're not viewing it (pornography) if they even care enough to assume that. There's little to no supervision with pornography. They don't take adequate measures to prevent them from watching it.
#15	But there's very little restriction on the viewing of erotic material in the media by the parents or supervising adults. Very poorly. Poor supervision.

Table 36 (continued)

Overriding Theme: Lack of Supervision

Subjects	Quotes
#16	And then there are other parents who are lazy (when it comes to guarding their own sexual behavior). It's like, nah, don't worry about it because it would require them to actually get up and do something. So, lack of supervision, yeah, some-times that's through ignorance and sometimes that's through laziness, That's, I would guess, I think the predominant role is the inadequate parent role and the failure to supervise, the failure to talk about stuff, the failure to make sure bad things aren't happening, and usually the folks who aren't making sure bad things aren't happening aren't guaranteeing that good things are.
#17	No, parents don't do a good job monitoring their children when it comes to pornographic materials, and that just doesn't go for the adolescent sexual offender. That's across the broad. Kids are left to fend for themselves because parents are out making money so that can provide for their kids. It's kind of a cach-22, I realize, but the kids are the ones getting caught in the middle.
#18	Well, in the family support groups, the parents have admitted to, before the crimes were reported and when they were happening, just the complete lack of supervision. But the parents in some cases have not been trained well. There's an art to parenting.
#19	They (parents) have poor supervision and management when it comes to these adolescents. They didn't have the awareness the education to realize that they would have to monitor and supervise this particular child to a greater degree.
#20	With my juvenile sexual offender the parent did not monitor it (sexually explicit materials) well.
#21	This group of parents (parents of adolescent sexual offenders) allowed their children to watch movies where there's a great deal of adult sexual behavior and their wasn't supervision. Parent didn't monitor cable television well. Not very well at all. And they're pretty for the parents to see that they have to limit those sexual cues. And you resistant even after the adolescent is identified as a sexual offender to do that. It hard know it requires a lot of watch dogging. And it's hard because so much of TV is sexual in nature.

Table 37

Overriding Theme: Poor or Inappropriate Communication Concerning Sexual Issues

Subject	Quotes
#1	I've had some that as they were going through treatment say they wished somebody had asked them (about their sexual behavior). Those are especially the kids that, who were sexually abused by someone the parents didn't know, but there was never any question.
#3	So no direct conversations with the parent, try to sit down and talk about sex. I haven't seen any openly communicate about sexual issues. I haven't seen that kind of dialogue in a home. Most of them didn't have any (sexual) rules at all. The parents just really didn't have any dialogue about sexual rules or anything. I think the boundaries issue and the lack of communication are probably the biggest issues because even if pornography was in a home, something like that, if there was communication going on at an appropriate level, I still feel like there would be a good chance.
#4	I just think there was little communication in the homes for the most part. The kids, I'm dealing with, they need just a higher level of care.
#5	Because some parents don't talk about it with their kids. They feel that talking about it makes something very open. I mean, obviously, they don't want to talk about it because they figure they're not to talk about it, they'll expose their kids to sexuality. So in most parts I don't think they talk about it enough for the fear of exposing them.
#6	Sometimes it's a matter of being real rigid and any kind of knowledge of it would be kept from the child. So they literally have no experience or knowledge, which can be a problem. A lot of them are very rigid and don't want them exposed to any of it that they know about. Then there are others that are very loose and aren't very careful like say watching a movie or videos with sexual content with the kids, but they're not explaining anything about it which is a big part of the problem. Parents will experience similar stuff with the kids, , with their sexual behavior, but they won't talk about it. I don't think most of these cases honestly that there is any (sexual rules). That's something that they either don't talk about or they talk about in an inappropriate manner so they don't come up with any rules that are rarely constructive. Occasionally you'll run across somebody who's made rules in the house about those sort of things, but in general there's not a whole lot of conversation about those things (sexual issues) going on at home.

Table 37 (continued)

Overriding Theme: Poor or Inappropriate Communication Concerning Sexual Issues

Subject	Quotes
	stuff that the parents wouldn't explain. They (adolescents) didn't get that (communication). Very little to none.
#9	So, you know, my suspicion is that parents are uncomfortable talking about this (sexual issues), you know. It was uncomfortablefor me to talk to my kids about it, and so that it may be not adequate information that they're getting.
#10	And a fair number of children who have, in their own, particularly the younger years, have even observed adults in the home engaged in sexual activity. But there's very little direct communication about that. They're often told what not to do without any explanation of what that means, what that "not" is and why. So rather than getting a healthy description of what sexual activity is, they get a prohibitive statement of what they shouldn't do without any clear explanation of what appropriate sexual behavior is at a given age or even accurate information about sexuality. Understanding that their children are going to experiment and have a perspective of looking at sexual behavioras a choice, I think the majority are hugely uncomfortable in dealing with the topic. And it just, they just don't bringit up. They will spend a lot more time with their boys talking about their eventual driving behavior than they ever will about their sexual behavior. Part of what we've tried to do recently in our parent group is bring that comfort, widen that comfort zone a little bit by even giving them some educational information, and at the same time providing it to their boys, and then trying to open up some dialogue. But often by the time that we have them in treatment because we are dealing primarily with adolescents, those social anxieties around that are well formed. Typically, what I hear or hear back from the boys is, has been this sort of general parental prohibition of something they shouldn't do without any realistic information behind it. And what I mean by that, you just can't do this until you're older. It's like, don't do drugs, but by the way, I'm not going to talk to you about how you handle those occasions at which somebody at school comes and approaches you. Or what do you do when you're with a group of kids and someone has something available and invites you to join in. It's almost more of a just a parentified, global prohibition, but, so that tends to shut down dialogue.
#13	I think a lot of times, the parents aren't really involved in their adolescent's sexuality. They don't talk to them about it.
#14	And again, generally through observation, they don't generally talk about it. They just witness it. And if they do talk about it, the parents are basically have the mentality, do as I say, not as I do, kind of mixed messages.

Table 37 (continued)

Overriding Theme: Poor or Inappropriate Communication Concerning Sexual Issues

Subject	Quotes
#15	For instance, some of the things that I've referred to, of taking ordinary human behavior, elaborating on it and presenting it back to the adolescent in a taunting or teasing or sexualized manner is a typical behavior.
#17	We have an interesting dichotomy in this country where we are fascinated with sexual things. It draws us to movies. It draws us to places to eat. It's used to sell everything from cars to shampoo, and yet on a just being able to discuss sexual themes, we have very great difficulty and become very uneasy. I think the sexual revolution of the sixties only freed up the behaviors. It didn't free up the ability to communicate, which is probably what needed to be freed up, rather than necessarily just the behaviors. Parents of sexual offenders have a big problem with that. I think that's (by indirect means) what kids learn from more than direct communication from parents on every aspect. So I think the sexual, in terms of sexuality, that's no different, and probably even more so because parents aren't doing a lot of direct communication. So, when they pick up that it's a taboo subject and that's not something that you talk about, then they learn to hide it.
#18	See, I'm trying to think of all the families I work with and all of the things that have happened, if there was anyone that was effective in explaining rules. Nope, I think that once we get to the court level and the court has to start explaining the rules, I think that's got to be a big problem. No one's explaining the rules very well until now, and explaining why things have to change and why we're forcing them to change, asking them to change.
#20	I usually end up doing it (sex talk) , because they just don't know what to say to them, and the kids are saying, well, I don't understand about gay and things like that. And the parents say, you deal with it. The kids have questions about sexuality, but they're not sure whether they're supposed to ask questions or not. They don't know whether that's an okay thing to talk to parents about. Most of them don't, and most of the parents don't talk about it. Kids come up with their own conclusions. It's like by avoiding the whole thing, they'll somehow by osmosis learn what they're supposed to learn. They, kids know that something's going on when they lock the door in the afternoon. They're not always sure, but they're real curious. And some of them determine they're going to check it out if the door is not locked.
#21	I haven't worked with any children who had parents who sat down and said, this is the birds and the bees. But they never discussed it with them. And it was taboo. Parents communicate with their kids about what they see on TV. Before treatment, they (parents and adolescent) don't talk at all about their sexual behavior ,again, because they really don't see with their kid as that being an issue.

Table 38

Overriding Theme: Normalizing Inappropriate Sexual Behavior

Subject	Quotes
#1	Parents seem to reflect that it's (sexually abusive behavior) not a problem. Why are you (therapist) making such a big deal about it?
#2	That was kind of, with them that was kind of like a normal life (sexual behavior). They (adolescent) just thought that that had been a normal life and everybody else did it. In most cases, the parent, I guess kind of would teach the children about it in indirect manner by which it was just how life was. You know that was having you know sexual relationships with the children or with the other parent in front of the children, I mean it was no different than eating dinner in front of everybody else.
#3	All (parents) minimize the effects of such sexually explicit materials. They deny their effect.
#4	It was a normal, typical behavior (sexual behavior) and they were rewarded for it. Again, it may be because that's just the way it was, it was a normal feeling same as I said before. Sex is a way of life.
#5	Sex was no big deal.
#6	In kids or in these types of homes grow up with this skewed sense of what's appropriate sexual behavior.
#10	Occasionally we run into a number of parents who will describe almost a tacit, certainly not approval, but a minimization of any problem behaviors, even when they have been identified, even on occasion when there have been investigations by DHS. I've had parents in parent group minimize and in fact, express, in front of their child who's there for treatment, their belief that it either didn't happen or that the other person is lying or it was no big deal. . I mean, often that's said in front of the child,so there's total minimization.
#12	At the time, they seem rather nonchalant about it while that's going on. After they get incarcerated and are having to do treatment, there's a certain amount of regret and remorse that goes on there. I don't know whether it's sincere or not.
#13	I think it's kind of a hear no evil, see no evil type thing where they don't want to know. They deny the existence of a sexual problem with their children. I mean, that's usually whenever they first get here, is usually the first step we have to break is the denial of it. They always minimize what has happened, make excuses. So I think it's not wanting to face reality. A lot of these kids just think a lot of what they do (deviant sexual behavior) is normal because that's all they've ever knew.

Table 38 (continued)

Overriding Theme: Normalizing Inappropriate Sexual Behavior

Subject	Quotes
#14	A lot of these kids just think a lot of what they do (deviant sexual behavior) is normal because that's all they've ever experienced. They've been neglected, you know, and they are just let loose so to speak to figure things out for themselves, and you know, based on what they've witnessed a majority of their lives, they make a lot of poor choices. And a lot of what they do, they do out of ignorance. You know, what we, a normal family system would be is experimentation, you know, we kind of expect at a certain age. But these kids, you know, they think it's (violence) part of it (sex). And again, I think they've been over-sexualized at an early age, and you know they don't know right from wrong to a large extent, or it's at least distorted.
#15	You know, to him (adolescent) up until he got here, he just accepted that as that's (deviant sexual behavior) the way things are. That's the norm, he didn't know any different.
#16	You know, to him (adolescent) up until he got here, he accepted that as that's (illegal sexual behavior) the way things are. That's the norm, he didn't know any different.
#18	Before that (conviction of adolescent), men have said, boys will be boys, they're just curious, they're just interested.
#19	They (parents) often minimize having to come here, that their child has to come here. Minimize the offense.
#20	The kids experiment, the parents are often saying well, you know, they're just playing, they're just checking each other out. But they kind of almost give tacit approval because they say, well, you know, adolescents will be adolescents.They're going to experiment, even if its with a younger kid.
#21	Again, I think they minimize it's (exposure to sexually explicit material) importance, so they're not alarmed. And it's a great deal of education that's required to help them understand that, because that is the norm now, and so they really don't think that that's an issue. That it's totally unrelated.

Table 39

Overriding Themes

Subject	Lack of Supervision	Poor Communication Concerning Sexual Issues	Normalizing Inappropriate Sexual Behavior
1		*	*
2			*
3	*	*	*
4	*	*	*
5	*	*	*
6	*	*	*
7	*		
8	*	*	
9	*	*	
10	*	*	*
11	*		
12	*		*
13	*	*	*
14	*	*	
15	*	*	*
16	*		*
17	*	*	
18	*	*	*
19	*		*
20	*	*	*
21	*	*	*

Table 40

Unanticipated Factor: Parental Alcohol and Drug Use

Subjects	Quotes
#1	There's a lot of parental sexual behavior linked with drugs.
#3	Some of the mothers come from health problems or mental health issues or substance abuse issues that kind of putsthem in a role where the sons take care of them. About fifty percent of the boy have been exposed to alcohol and drug use. This percentage goes up with the amount of sexual and physical abuse in the home.
#4	Well, in some cases it might have been drug usage where mom was selling her body to buy drugs. So some of these families were involved in drugs and don't know what's going on.
#7	I'd say majority of the time they've got pretty adequate sexual boundaries except under the influence of drugs andalcohol, which is when they do not observe the boundaries. Some (adolescent sexual offenders) were exposed to domestic violence usually with alcohol involved and then resulting in inappropriate sexuality stemming from alcoholism.
#8	Some parents are on drugs and they just don't care about the adolescent's sexual behavior.
#9	Or with some families where maybe there's substance abuse the parents are not adequately supervising.
#11	Most of them (parents) use drugs and alcohol. When your under the influence, you sure can't keep an eye on your kids. And when your drunk and you come down or your stoned and you come down, a lot of times you can't provide supervision for your kids. I think it enhances the fact that they (parents) won't be able to supervise.
#13	Often you do see a lot of drug and alcohol in the homes. Parents, uncles, relatives, things like that.
#14	The majority, probably 80% of the homes have alcohol and drug abuse in them. It affects the parent ability to supervise.
#15	A good deal of parents use drugs. I'd say it probably involves close to seventy or maybe even a greater percent. It's probably the largest concomitant factor next to neglect and abuse.

Table 40 (continued)

Unanticipated Factor: Parental Alcohol and Drug Use

Subjects	Quotes
#16	We've had cases where mothers actually traded their children, if you will, prostituted their own children for drugs, for cash to get drugs. I would guess there high drug and alcohol use in homes where these kinds of things happen, there's more emotional pain, and so there's a greater likelihood of the use of illicit drugs to self-medicate. We also know that, particularly with alcohol, one of the major effects is disinhibition. So that under the influence of alcohol people will do things they wouldn't do sober.
#17	Yeah you'll see quite a bit of alcohol and drug use. Alcohol decreases inhibitions.
#18	Chemical Dependency is part of the mix in the home. Parents aren't very sober. That's another thing. If you have parents involved in drugs and alcohol it's hard to get there attention for them to see what's wrong with their kids.

Table 41

Unanticipated Factor: Prostitution

Subject	Quotes
#1	Well, gosh, I hate to go into all the sordid details. A lot of them used the children sexually for other's pleasure or for other's entertainment. There was one that had a bar and used the child, kept him in the back room for all the patrons that wanted. And then I had the ones where they were the ones they were videotaping.
#2	Prostituting their children out, forcing their children to be involved in sexual relationships.
#4	So they witnessed a lot of it. Maybe mother prostituting. And sometimes the older children were prostituting as well.
#12	In some cases, the males were prostituted by their parents. A couple of cases where the parents were into prostitution themselves and even paid, were paid to have sex with their children in front of their clients, that sort of thing.
#16	We've had over the years a variety of kids whose mothers were involved in prostitution and drug abuse, and you know, there have been a few cases where the mothers actually traded their children, if you will, prostituted their own children for drugs, for cash to get drugs, or who openly had sex with paying customers with their children in their apartment or home. Some of these parents prostitute their kids.
#18	Oh, we didn't put prostitution on that list as a problem.

Table 42

Unanticipated Factors

Subject	Parental Alcohol and Drug Use	Prostitution
1	*	*
2		*
3	*	
4	*	*
5		
6		
7	*	
8	*	
9	*	
10		
11	*	
12		*
13	*	
14	*	
15	*	
16	*	*
17	*	
18	*	*
19		
20		
21		

Table 43

Service Providers Perception of How the Primary Care Environment Influenced the Adolescent Deviant Sexual Behavior

Subject	Quote
#1	A lot of influence - becomes a cycle.
#2	Oh, I think it has most to do with it. I think that the way that the primary environment teaching them and them learning the things that they did from the time that they were children and the kind of abuse that were inflicted upon them then they wouldn't be having these problems at all. So I would say just about all of it.
#3	A lot of impact. A lot of the thinking errors and a lot of just the cognitive distortion can be connected to things that were learned in the home or seen in the home.
#4	Well, almost one hundred percent. Well, the kids we see certainly were influenced from the home. They were taken away. And none of these parents brought their kids and all these children were taken away because they were sexually abused. And if that's where it's going. A lot of these children already have a parent in prison.
#5	A lot. Because most of the kids say parents don't react to violent behavior or prevent it from happening.
#6	You asked a hard question. I personally think it has quite a bit to do with it. And sometimes we never get the whole picture, but that's why part of my job is making sure they get appropriate treatment. And I think during that treatment process a lot more of this stuff comes out and is dealt with. And I really, a lot of times I don't have privilege to a lot of the details of a lot of that stuff. But I tend to think from my experience and my education that your environment, where you live, the people that you come in contact with has a lot to do with the kind of person you turn out to be. And I think genetics determines hair color, eye color, the make of your body and all that. I really feel like the emotional, social deviance is dictated a lot by your home environment.
#7	A good sixty-percent, with the other forty-percent coming from the community and other factors. Some of these residents were molested, not always by family members. That's occurred and then that set some things up.
#8	Yeah, I would say a lot. I'll go with that. Because these families don't have, a lot of these families don't have, or raise their kids in the correct manner. The only people they're thinking of is themselves. And a lot of these families don't care about their kids. And a lot of the kids have been taken away from their parents.
#9	I think it has, I want to say one hundred percent. That's probably not a good percent, but I think they have a huge amount of influence because the values and the attitudes that that family, whether that is overt or covert, whether they're actually doing things that are wrong and inappropriate and the kid's exposed to that. Or they're just ignoring the sexuality and all of the issues, either way. They're not setting appropriate

Table 43 (continued)

Service Providers Perception of How the Primary Care Environment Influenced the Adolescent Deviant Sexual Behavior

Subject	Quote
	offense is a symptom of a whole lot of other dysfunction. And you know, they're all minors. They're all still living with parents or in a situation. And so it's an ugly, ugly symptom of a problem that's come out that way. So I think the family environment is paramount.
#10	I think it's the primary influence, either from direct exposure or for failure to monitor and supervise. And that would be a great study to look at, what the balance either way is. For how many of them has there been a direct exposure to either violence in the home or sexually explicit behavior or practices? And for how many has it been just a total set of parental blinders? That anything that's not right is happening here to where the parents just seem really dumbfounded that this happened to their child, or dealing with multi-family stressors of illness, divorce, separation, that their child has this, it isn't custody problems, economic impact of whether it be a single family and one parent is trying to maintain things had this behavior because gosh, we've never had that happen in our home. But when you look at the quality of supervision, you realize that it's been totally laissez-faire in this area. No good education information and then almost a total this, it isn't custody problems, economic impact of whether it be a single family and one parent is trying to maintain things financially, and because of that they're just gone all the time. And the kids have hugely inadequate supervision. But it almost seems to be a pervasive pattern of that lack of parental involvement whether it's purposeful, or just they're doing the best they can. And because of that, they're relying on outside caregivers. They're relying on other family members to provide supervision. Or the kids are home by themselves for periods of time, or they're just sort of pretending it isn't happening. And then you know, there's all sorts of exposures and opportunities coming along through that.
#11	Fifty percent. I say fifty percent because a lot of my kids that I have are abused early on. I mean, it starts very, very very early and persists until later. Except I think after their personality's formed and develop, it's their responsibility. They know the difference. Most of them know right and wrong, they choose to do it anyway. But I believe that early experience impacts, majorly influence.
#12	I'd say ninety percent. Well here again, example, they have to learn this behavior from somewhere. This behavior is modeled to them by the primary caregiver or the people associated with the primary caregiver. And where else are they going to learn it? I mean, if you've got an eleven-year-old child that is trying to molest six-year-old kids, that's probably not something they came up with on their own. I mean, they had to learn it from somewhere. On the other hand, on the flip side, like I say, the majority of children that are abused don't turn out to be perpetrators, but the majority of perpetrators have been abused. I haven't found any that haven't been abused in one way or another. So you have to be kind of careful with that, I guess in all. But I'd say ninety percent of it is going to be the environment.

Table 43 (continued)

Service Providers Perception of How the Primary Care Environment Influenced the Adolescent Deviant Sexual Behavior

Subject	Quote
	think that's where a lot of their negative feelings come from.
#14	Almost ninety percent of it. Because again a lot of what they do deviantly, they've seen or been exposed to due to neglect of the parent. And the ten percent would be those kids who've just seen stuff that their parents didn't intend for them to see, but again, the parents had control whether they could see it or...well, at least had some control. They made no efforts to try to prevent them from that. But again, it depends on the age. You know, if you're talking about early adolescence, very early...you know, I'm just talking about even in childhood, starting from ten or even earlier. But if you're going to like to kids from sixteen or even, at this day and age fourteen on, that's kind of when they go on their own and they just, what's the word? They just broaden their scope via...you know, they had the foundations laid by their parents or neglect and their own, and abuse, and then they branch out from there and kind of expand on what they've learned from their peers. I mean, it gets worse. That's when they become generally more deviant. Like, the parents planted the seed, and then it just grew.
#15	I'd say a good deal, a great deal. Well, kind of following the paradigm that I was saying earlier, if the family was neglectful, I might see some barriers to intimacy, but in their case, there's confliction of serious dynamics. And the conflicted components of their failure in sexual development and intimacy comes as much from the violence or more so than the neglect.
#16	I would suggest that most of the time it's responsible for it. Well, let's see. When we start comparing the kid's actual behavior during his sexual offenses with the things that were done to him five, ten years prior and we see remarkable similarities, then I'm thinking that what was done to him early on was the template which then guides his behavior later.
#17	Often, a lot. And sometimes it seems like minimally. Those are my otherwise perfect children for one...can't incorporate sexual activity into their perfectness, but they can't deny the urges, either. So they often, often it's a case of impulsively acting on an urge with an available victim.
#18	Probably sixty percent and then the rest is from peers and other surroundings. Because these kids have wants and needs and desires, and what I'm trying to teach them is a constructive way to solve their problems and address their own wants and needs and desires. And if they're in a primary care situation where none of their wants and needs and desires have been addressed positively, it's real hard to teach them to constructively solve their problems. But the fourth phase of treatment here, that usually takes about two years to get to that. I have four phases of treatment, and that's the final phase. And once someone can really illustrate to us that they can solve their problems and address their wants, needs, and desires themselves in an

Table 43 (continued)

Service Providers Perception of How the Primary Care Environment Influenced the Adolescent Deviant Sexual Behavior

Subject	Quote
	years. And one from another county...I have kids from seven counties, I have kids from three states. But the other one from the other county will be with me till I'm about a hundred and two.
#19	Well, I would say probably...and when we say primary, sometimes they may be with a good family now, but the primary might have been earlier. So I think you have to kind of count that too, what it was like if they were a foster kid or if they were adopted. I would say really, really high, seventy, seventy-five percent.
#20	Quite a bit, not so much always in terms of creating this situation or opportunities as leaving them unsupervised perhaps and opportunity available. Expecting perhaps, adult behavior. For instance, I just talked with some kids. The oldest is ten, the youngest is six, there's four of them in a blended family. The parents often leave them with fix your own hot dogs, and they go out to dinner. Here's four kids from a blended family, three different stepfathers, stepmothers and you got opportunity. You got a six-year-old, an eight-year-old, and two ten-year-olds. And they're bored, because there's no board games, they're not allowed to touch the computer, you know. What do they do?
#21	I feel the home environment has little with their deviant behavior. The sexual outlet has become a way for them to express their emotions.

Table 44

Code Book for Typologies

Code: N-FSE (meaning: No Formal Sexual Education)
Code: ISE-PSB (meaning: Informal Sexual Education - Parental Sexual Behavior)
Code: ISE-PA (meaning: Informal Sexual Education - Parental Sexual Attitudes)
Code: ISE-PAN (meaning: Informal Sexual Education-Parental Sexual Attitude-Nonchalant)
Code: ISE-PAP (meaning: Informal Sexual Education-Parental Sexual Attitude-Promiscuous)
Code: SK-SEM (meaning: Source of Sexual Knowledge-Sexually Explicit Materials)
Code: SK-Pe (meaning: Source of Sexual Knowledge-Peers)
Code: SK-SA (meaning: Source of Sexual Knowledge-Own Sexual Abuse)
Code: SK-PF (meaning: Source of Sexual Knowledge-Parents/Family)
Code: E-PSB (meaning: Exposure to Parental Sexual Behavior)
Code: E-APAB (meaning: Exposure- Absence of Parental Affectionate Behavior)
Code: E-SEM (meaning: Exposure to Sexually Explicit Materials)
Code: E-SEM-I (meaning: Exposure to Sexually Explicit Materials- Internet)
Code: E-SEM-M (meaning: Exposure to Sexually Explicit Materials- Movies)
Code: E-SEM-V (meaning: Exposure to Sexually Explicit Materials- Videos)
Code: E-SEM-C (meaning: Exposure to Sexually Explicit Materials- Cable television)
Code: E-SEM-Ma (meaning: Exposure to Sexually Explicit Materials- Magazines)
Code: E-SEM-H (meaning: Exposure to Sexually Explicit Materials- Hard Core Pornography)
Code: E-SEM-A (meaning: Exposure to Sexually Explicit Materials- Additional Sources)
Code: PA-SEM (meaning: Parental Attitude toward Sexual Explicit Materials)
Code: PA-SEM- E (meaning: Parental Attitude toward Sexual Explicit Materials- Encouraged)
Code: PA-SEM- D (meaning: Parental Attitude toward Sexual Explicit Materials- Denial)
Code: PA-SEM- A (meaning: Parental Attitude toward Sexual Explicit Materials- Apathetic)
Code: FS (meaning: Family Structure)
Code:FS-NSB (meaning: Family Structure-No Sexual Boundaries)
Code:FS-NSR (meaning: Family Structure-No Sexual Rules)
Code:FR (meaning: Family Roles)
Code:FR-PC (meaning: Family Roles - Parentification of Child)
Code:FR-PCSR (meaning: Family Role-Parentification of Child- Sexual Role)
Code: VH (meaning: Violence in the Home)
Code: VH-SV (meaning: Violence in the Home- Sexual Violence)
Code: VH-PV (meaning: Violence in the Home- Physical Violence)
Code: OT-LS (meaning: Overriding Theme-Lack of Supervision)
Code: OT-PC (meaning: Overriding Theme-Poor Communication)
Code: OT-NS (meaning: Overriding Theme - Normalization of Sexual Acts)
Code: UF-DA (meaning: Unanticipated factor - Drug and Alcohol use)
Code: UF-P (meaning: Unanticipated factor - Prostitution)

Table 45

Verification and Identification of Themes

Themes	Subject 1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	%^
N-FSE	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	100
ISE-PSB	*	*		*	*	*	*	*	*	*	*	*	*	*	*	*		*	*	*	*	90
ISE-PA-N	*			*						*								*	*			24
ISE-PA-P				*		*							*	*	*							24
SK-SEM	*		*		*	*	*	*	*	*	*	*	*		*	*	*		*		*	76
SK-Pe			*			*	*			*		*	*	*			*	*	*		*	52
SK-SA	*					*	*	*	*		*	*	*		*	*						48
SK-PF		*		*						*				*	*				*			29
E-PSB	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	100
E-APAB	*		*		*	*		*					*				*					33
E-SEM	*	*	*		*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	95
E-SEM-I	*		*			*			*	*	*	*						*				38
E-SEM-M	*	*	*			*	*	*						*			*		*	*		48
E-SEM-V					*				*		*	*	*	*		*	*		*			43
E-SEM-C		*				*	*	*	*	*	*			*	*			*	*		*	57
E-SEM-Ma	*	*	*				*	*	*	*	*	*	*	*	*		*	*	*	*	*	81
E-SEM-H												*								*		10
E-SEM- A						*											*			*		14
PA-SEM-E		*					*			*					*		*			*		29
PA-SEM-D	*		*							*											*	19
PA-SEM-A		*			*			*		*	*						*	*	*			38
FS-NSB	*	*	*	*	*	*		*			*	*	*	*	*	*	*	*	*			76
FS-NSR	*	*	*	*	*	*		*	*			*	*	*	*	*	*	*	*	*		81
FS-FRPC	*	*	*	*	*	*			*		*	*	*	*	*	*			*			67
FS-FRPCSR		*	*		*	*						*	*									29
VH-SV	*	*	*	*	*	*	*	*		*		*	*	*	*	*	*			*		76
VH-PV	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	100
OT-LS			*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	90
OT-PC	*		*	*	*	*		*	*	*			*	*	*		*	*		*	*	71
OT-NS	*	*	*	*	*	*				*		*	*		*	*		*	*	*	*	71
UF-DA	*		*	*			*	*	*		*		*	*	*	*	*	*				62
UF-P	*	*		*								*				*		*				29

^ percentage of service providers who indicated theme

APPENDIX C

FIGURES

Figure 1: Diagram of Methodology

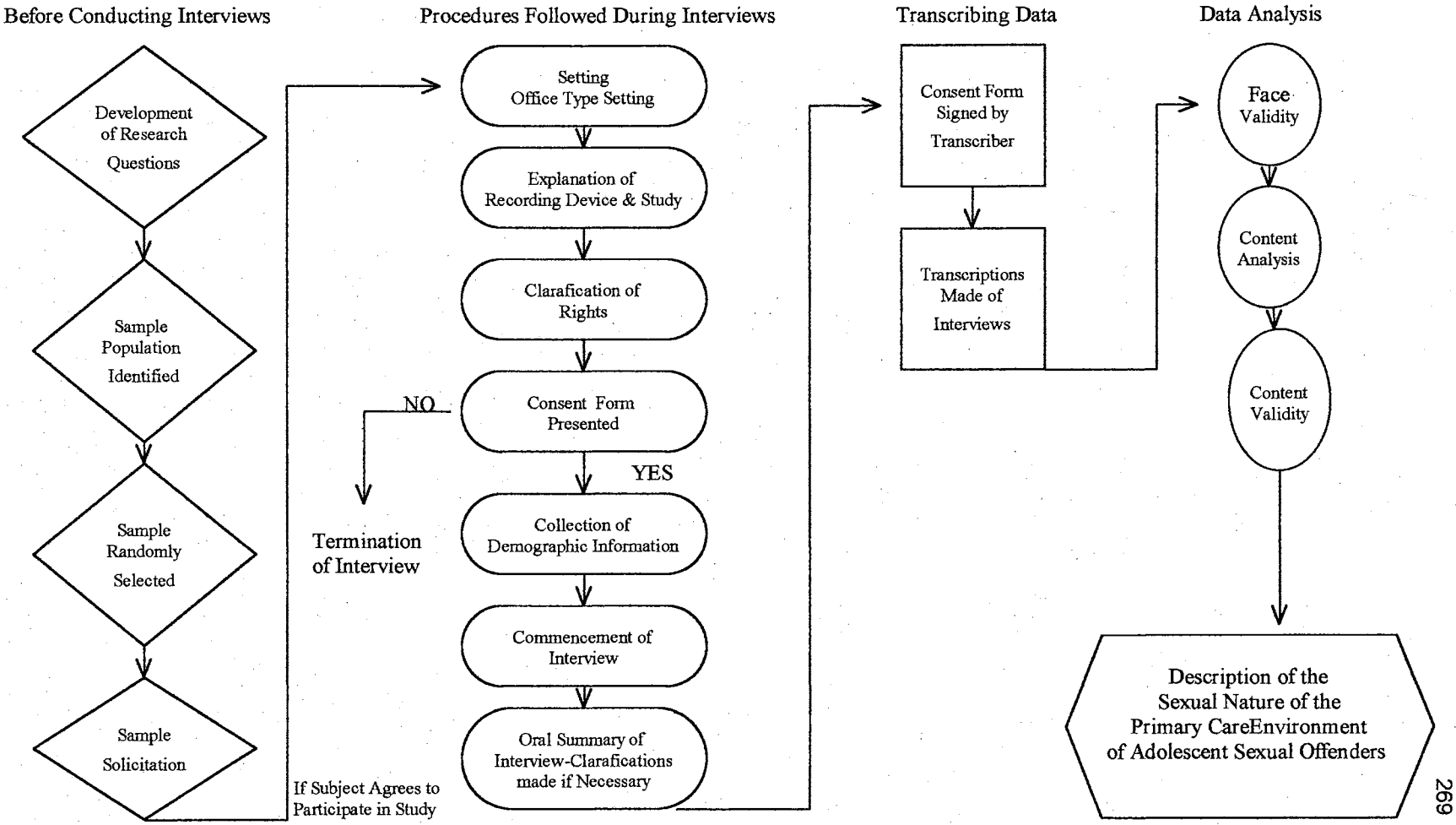


Figure 2: Diagram of Verified Themes

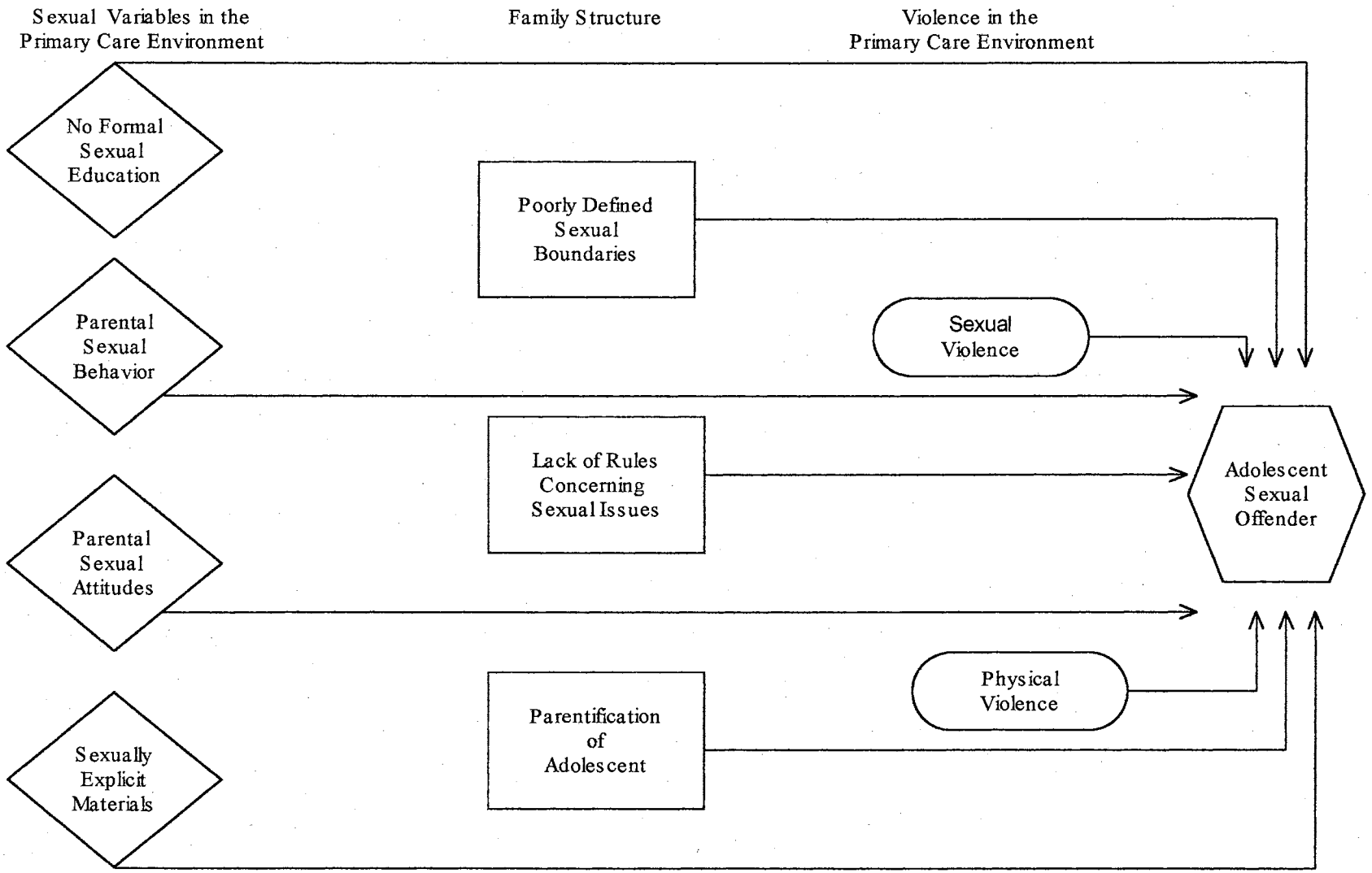


Figure 3: Diagram of Overriding Themes

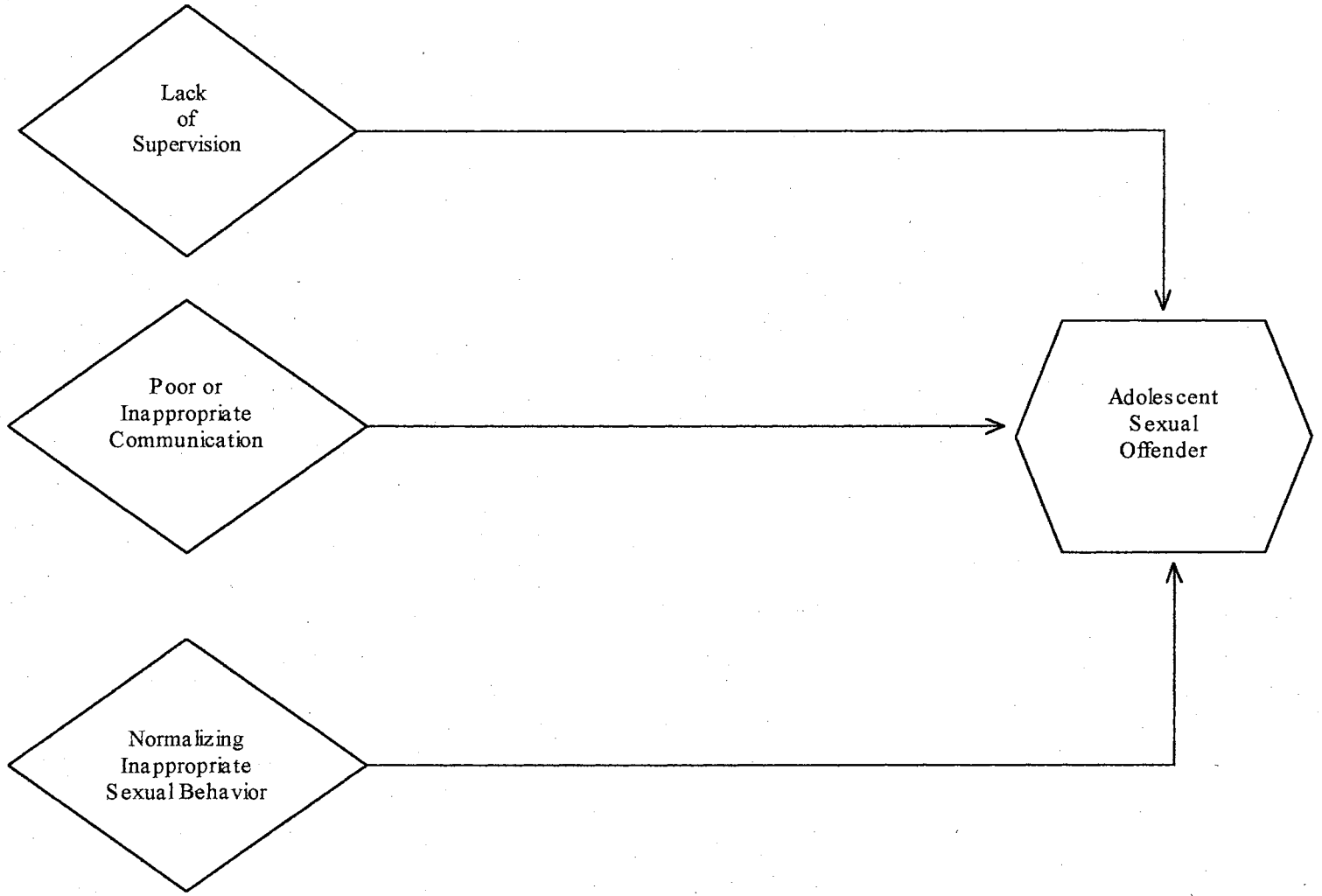
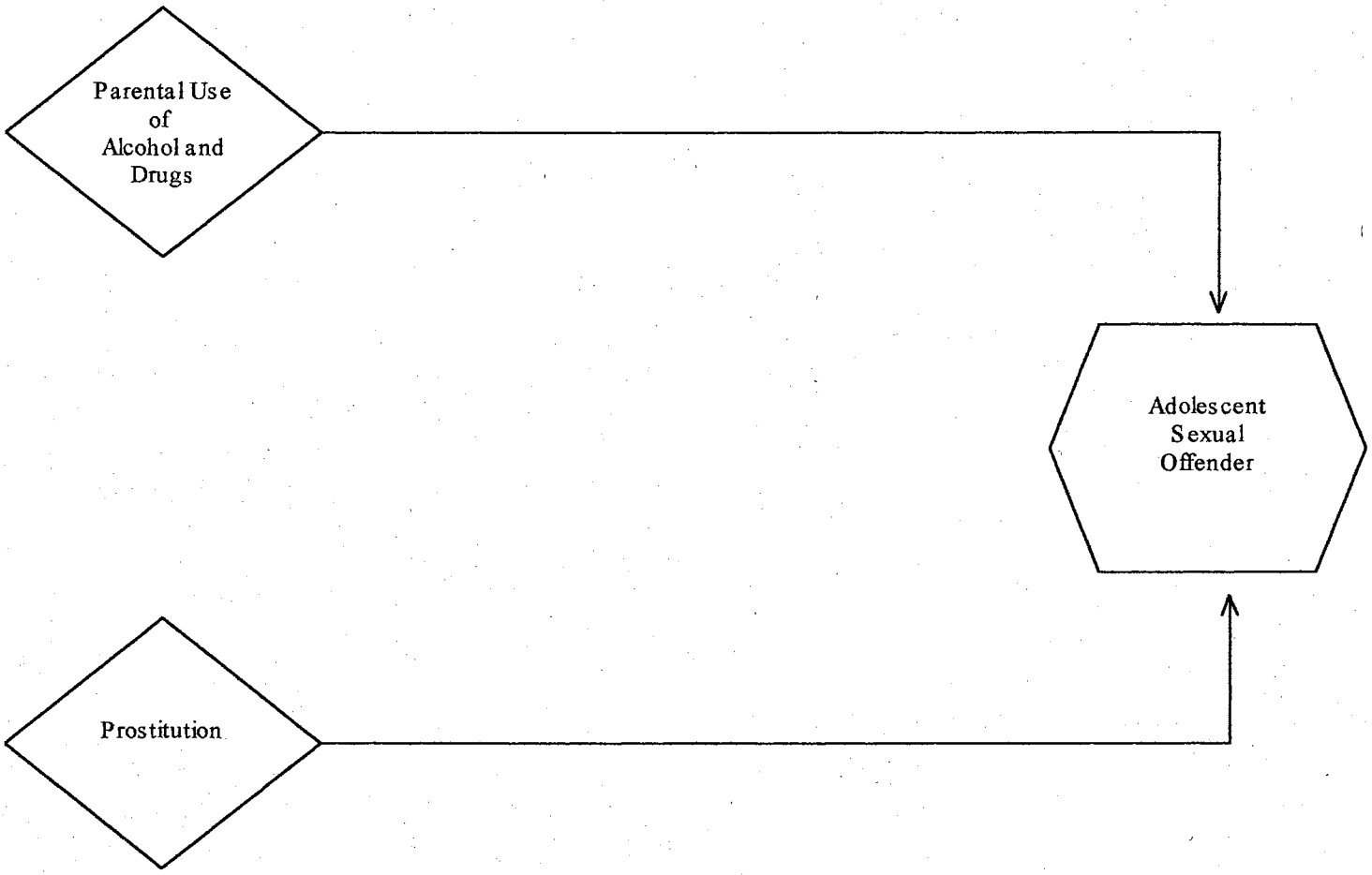


Figure 4: Diagram of Unanticipated Factors



APPENDIX D

INSTITUTIONAL REVIEW BOARD FORM

Oklahoma State University
Institutional Review Board

Protocol Expires: 9/11/02

Date: Wednesday, September 12, 2001 IRB Application No HE0212

Proposal Title: SERVICE PROVIDERS PERCEPTIONS OF THE SEXUAL NATURE OF THE PRIMARY CARE ENVIRONMENT OF ADOLESCENT SEXUAL OFFENDERS

Principal Investigator(s):

Christie Cupp
333 HES
Stillwater, OK 74078

Kathleen Briggs
226 HES
Stillwater, OK 74078

Reviewed and Processed as: Expedited

Approval Status Recommended by Reviewer(s): Approved

Dear PI :

Your IRB application referenced above has been approved for one calendar year. Please make note of the expiration date indicated above. It is the judgment of the reviewers that the rights and welfare of individuals who may be asked to participate in this study will be respected, and that the research will be conducted in a manner consistent with the IRB requirements as outlined in section 45 CFR 46.

As Principal Investigator, it is your responsibility to do the following:

1. Conduct this study exactly as it has been approved. Any modifications to the research protocol must be submitted with the appropriate signatures for IRB approval.
2. Submit a request for continuation if the study extends beyond the approval period of one calendar year. This continuation must receive IRB review and approval before the research can continue.
3. Report any adverse events to the IRB Chair promptly. Adverse events are those which are unanticipated and impact the subjects during the course of this research; and
4. Notify the IRB office in writing when your research project is complete.

Please note that approved projects are subject to monitoring by the IRB. If you have questions about the IRB procedures or need any assistance from the Board, please contact Sharon Bacher, the Executive Secretary to the IRB, in 203 Whitehurst (phone: 405-744-5700, sbacher@okstate.edu).

Sincerely,

Carol Olson

Carol Olson, Chair
Institutional Review Board

VITA

Christie Lee Cupp Knight

Candidate for the Degree of

Doctor of Philosophy

Thesis: SERVICE PROVIDERS' PERCEPTIONS OF THE SEXUAL NATURE OF ADOLESCENT SEXUAL OFFENDERS PRIMARY CARE ENVIRONMENT

Major Field: Human Environmental Sciences

Area of Specialization: Family Relations

Biographical:

Personal Data: Born in Macon, Georgia, On January 2, 1972, the daughter of Arvel and Edith Cupp

Education: Graduated from Southwest High School, Macon, Georgia in June 1990; received Bachelor of Science degree in Psychology from Brigham Young University, Provo, Utah in August 1994; received Master of Science degree in Psychology from Brigham Young University, Provo, Utah in August 1998. Completed the requirements for the Doctor of Philosophy degree with a major in Human Environmental Sciences at Oklahoma State University in May 2002.

Experience: Lab Instructor for Development Across the Life Span, Oklahoma State University, August 2000 to December 2001. Instructor for Family Assessment and Observation, Oklahoma State University, Spring Semester 2000. Sexual Assault Program Facilitator, Stillwater, Oklahoma, October 1998 to July 2000. Coordinator of Psychology Lab, Brigham Young University, June 1997 to June 1998.