



## **Youth with Sexual Behavior Problems and their Mental Health**

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**Presented By: Nic Bottomley, MSA, ATSA**

Popular belief is that those that act out sexually have something “wrong” with them or are “sick” or “crazy”. Case study often runs contrary to this. The session reviewed incident rates of youth sexual offending and sexual offending recidivism in context of overall youth offending and recidivism. Examined was the “how” and “why” of youth sexual offending and the complex interplay between this behavior and the perpetrator’s mental health.

There is a societal tendency to put youth that have sexually offended into a box, labeling them as “sex offenders”, however youth are more than just their criminal activity. Language holds a place in developing a therapeutic relationship with these offenders, and terms like “youth that have sexually offended” or “youth with sexual behavior issues” allows workers to see more of the whole person, not just that part of the person that committed a sexual offense.

The traditional belief that sexual crimes are about “power” is not necessarily correct. There are likely additional reasons that youth commit sexual offenses. In males, sexual gratification is one reason. “I thought it would be fun and I didn’t think that I would be caught” is the answer offered by some adolescent males when asked why they committed the offense. In younger offenders, those about ages 13-14, a sexual offense almost always mimics the abuse that they experienced. Statistically as many as 80% of males that offend against children were sexually victimized themselves as children, according to Mr. Bottomley. There is little known about why female adolescents sexually offend.

Seventy-five percent of youth with sexual behavior problems meet the criteria for at least one mental health disorder, more than one-half of these youth have co-morbidity, and two-thirds have some level of functional impairment. Socially these youths tend to be under-socialized, seen as “misfits”, and have a small circle of friends.

In addition to common disorders such as bi-polar, ADHD, trauma related disorders, and depression, youth that sexually offend are prone to suffer from one or more of these paraphilic disorders:

- Voyeuristic Disorder
- Exhibitionist Disorder
- Sexual Machoism Disorder
- Sexual Sadism Disorder
- Pedophilic Disorder
- Fetishistic Disorder

Mr. Bottomley cited statistics that support that therapy does help these youth, and ultimately improves the safety of communities. Nationwide, recidivism rates for commission of sex crimes by youth that have been treated for sexual offending are considerably lower than recidivism rates



for general delinquency. This raises a question: With proven success for rehabilitation of adolescents that are treated for committing sexual offenses, does requiring life-long sex offender registration make sense and serve a purpose?