17.
Child and adolescent sexual abusers – For a rehabilitative approach driven by scientific evidence

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**Summary**

Over the past decade, child and adolescent sexual abusers have gained considerable attention at once in judicial, law enforcement and academic circles and, even more, in the media at large with its often sensationalistic coverage. In parallel, anxiety regarding this category of offences has noticeably heightened in the general public and, as a result, political discourse across most countries has been somewhat shrill. This chapter will sketch an objective picture of the emerging criminological phenomenon of child and adolescent sexual abusers, including indications on prevalence figures and recidivism rates. It will also dwell on the specificities of child and adolescent sexual abusers, as well as the dangers, both in phenomenological and conceptual terms, of lumping this category with adult sexual abusers. Rather clearly, a scientific consensus suggests that child and adolescent sexual abusers are typologically different from adult sexual abusers, at times in a surprisingly counterintuitive way, and that society’s responses, in particular legal and medico-psychological, must be sharply refined to deal effectively with this specific group. Professional attitudes must be shaped by scientific data and lawyers, judges, social workers, psychologists, probation officers, indeed all professions and stakeholders involved, must meet the challenge of updating their modes of operation through innovative interdisciplinary methods of assessment, disposition, treatment and monitoring.
An emerging offence category characterised by heterogeneity

The interest in child and adolescent sexual abusers has steadily grown, most significantly over the past two decades. Historically, sexual abuse carried out by children and adolescents was mostly considered for its nuisance value, as behavioural instances of experimentation or curiosity, somewhat innocent, reflecting a “boys-will-be-boys” attitude, or a by-product of the normal aggressiveness of sexually maturing adolescents (Knopp, 1985). Paradoxically, sexual development in children and adolescents remained an understudied field and perceptions of normal sexuality were long embedded in moral considerations that slowed research into normal as well as deviant sexual practices. Problematic sexual behaviour was mostly discounted in terms of the harm produced, and minimisation often occurred because the victim was frequently a family member. Barbaree, Hudson, and Seto (1993) identify three principal reasons that explain why the viewpoint held hostage to minimisation receded: an increased awareness of the numbers of juvenile sex offenders; the realisation that a substantial proportion of sexual offences could be attributed to adolescents; and the fact that professionals working with adult sex offenders took notice, confirmed by strong research data, that some adult offenders began their deviant careers during adolescence, sometimes even during childhood.

As the knowledge base has increased, the overall scientific consensus has evolved and currently considers that the phenomenon of child and adolescent sexual abuse presents an extraordinary degree of heterogeneity (such as Knight and Prentky, 1993; Bourke and Donahue, 1996; Smith et al., 2005). Indeed, child and adolescent abusers engage in a wide range of sexual behaviours. Finkelhor, Ormrod, and Chaffin (2009:3) refer to events “as diverse as sharing pornography with younger children, fondling a child over the clothes,

41. The expression “child and adolescent sexual abuser” refers descriptively to problematic behaviour, whereas, elsewhere in this chapter, the expression “juvenile sex offender” is used restrictively in relationship to a category of children and adolescents in conflict with the law.
grabbing peers in a sexual way at school, date rape, gang rape, or performing oral, vaginal, or anal sex on a much younger child”. Add to this the fact that sexually abusive behaviour is carried out by children as young as 4 or 5, by child and adolescent boys as well as girls, and that the victims can be younger children and peers, but also adults of both sexes and of all ages.

Jacob (2001), referring to the consensus she perceives in the scientific literature, succinctly describes the characteristics of problematic sexual behaviour, those that:

- include an aggressive component in which the child uses force, coercion or threats to control his or her victim;
- get worse over time, becoming repetitive and/or compulsive;
- are too elaborate for the stage of development or the age of the child;
- do not stop despite adult intervention;
- take place between children with a significant age difference (more than three years);
- point to an overinvestment in sexuality to the detriment of other aspects of the child’s life [editorial translation].

Child and adolescent sexual abuse events incorporate different degrees of manipulation and violence and, correspondingly, the impact on the victim varies significantly. Indeed, subtle interactions between the abuser and the victim, sometimes close in age, as well as the manner in which the abuse event unfolds, may challenge the determination of the legal threshold of what constitutes offensive criminal abuse versus problematic sexual behaviour. The relationships and the interpersonal dynamics of the sexual event must thus be diligently considered. Ryan (1997:4) proposes an enduring formula to assess the presence or absence of exploitation, the central notion of the abuse, by examining the factors of equality, consent and coercion. Equality considers “differentials of physical, cognitive, and emotional development, passivity and assertiveness, power and control, and authority”. Consent, as defined by the
National Task Force on Juvenile Sexual Offending (1993, cited by Ryan, 1997:5), is an:

Agreement including all of the following: (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 agreements or disagreements will be respected equally; (5) voluntary decision; [and] (6) mental competence.

Finally, coercion relates to the many different ways of denying the victim free choice, including the use of threats and physical violence.

The numerous parameters that make up the heterogeneity of child and adolescent sexual behaviour suggest that, except for its most deviant forms, careful consideration must be given before labelling it offensive, abusive or even reprehensible from a legal standpoint. Rather than to minimise or to exaggerate the significance of any given behaviour, as a matter of routine, a thorough assessment of the situation and its protagonists should be carried out in order to orient them to the services that best fit their needs and to adapt the stringency of the necessary public safety measures. This assessment should rely, inter alia, on up-to-date scientific data regarding the typologies of child and adolescent sexual abuses and to risk factors for ongoing problematic behaviour.

**Prevalence – Just how many juvenile sexual offenders are there?**

Determining the prevalence of child and adolescent sexual abuse is a complicated matter. The same holds true for juvenile sex offenders. Laws defining sexual abuse vary across jurisdictions, reporting procedures have changed over time, and different research methodologies used to count and estimate sex offenders produce different results. For example, police statistics or more general crime indices are historically viewed as particularly poor, not least because it is well known that numerous victims of sexual abuse do not report or
lodge complaints about the abuse suffered and, hence, the criminal offence often goes undetected. This obviously has a direct impact on the ensuing rate of judicial conviction, which, de facto, does not serve as an adequate reading of the frequency of sexual abuse by juvenile offenders in a given society. Other sources, such as surveys of victims, offenders and male college students, while very helpful, for example in raising society’s awareness of the issue, have provided estimates that also present reliability issues, either under- or over-estimating the rates of sexual abuse committed by children and adolescents. Nonetheless, despite their intrinsic weaknesses, over time, research studies have pointed to some worrisome numbers with considerable consistency.

Citing overall estimates from a variety of sources in the US, Barbaree and Marshall (2006:3) suggest that “approximately 20% of all rapes and between 30% and 50% of child molestations are perpetrated by adolescent males”.

Jacob (2000) reports that, in the Province of Québec (Canada), adolescents make up 17% of the total number of persons accused of sexual aggression. For Canada as a whole, about 20% of rapes and 30% to 40% of child sexual abuse are committed by adolescents. In Australia, recent police data suggests that between 9% and 16% of all sexual aggressions are committed by juveniles (Boyd, 2006). For the year 1996 in Sweden, Långström (2001:8) reports that 11% of persons convicted of sex offences were under 20 years old. He adds, however, that “most estimates of the extent of sexual crime among young persons are probably underestimates; because the disposition to report sexual offences to the police is very low and is probably lower still in the case of abuse committed by young persons”.

For the year 2003 in Germany, Heiliger (2005) reports that over a quarter of suspects of child sexual abuse were children and adolescents. In Switzerland, Bessler (2010) puts forward that child and adolescent sexual abusers represent, year-over-year, between 16% and 18% of suspects known to law enforcement agencies. In the United States, Finkelhor, Ormrod and Chaffin (2009), relying on the
National Incident-Based Reporting System (in 2004, 14 000 crime incidents involving an identified sex offender), report that juvenile sex offenders comprise more than one quarter (25.8%) of all sex offenders and more than one third (35.6%) of sex offenders against juvenile victimes. These numbers represent 3.1% of all juvenile offenders and 7.4% of all violent juvenile offenders.

Another set of alarming estimates is provided by self-report surveys. In an extensive prevalence study concerning child abuse rates in the general population of adolescents in Geneva, Switzerland, Halpérin et al. (1996) find that approximately 25% to 30% of victims report having been sexually abused by someone under the age of 18. A survey of known adult offenders suggests that as many as half report having carried out sexually deviant behaviour in adolescence (Groth and Loredo, 1981; Barbaree, Hudson and Seto, 1993), and that they commit great damage to vast numbers of children and adolescents as they continue their careers into adulthood (Abel, Osborn and Twigg, 1993). And self-reports by college students are also disquieting. In a large survey of sexual perpetration, Koss and Dinero (1988, cited by Weinrott, 1996) surveyed 3 000 randomly-selected students from 32 different colleges, many of whom were in their early 20s at the time of the survey. Asked whether they had engaged in any form of sexual aggression since age 14, one fourth responded affirmatively. Of these, 4.6% disclosed an act of rape and another 3.2% an attempted rape. The remainder initiated coercive sexual behaviour not involving intercourse. One sample of college freshmen yielded an endorsement percentage of 25.6% when students were asked about sexual aggression since age 14 (Humphrey and White, 1992, cited by Weinrott, 1996). Rape and attempted rape accounted for about one third of the exploitive acts.

**Types of offenders, risk and protective factors, recidivism**

A matter of consensus is the fact that the overwhelming majority of child and adolescent sexual abusers are male, up to 90% and
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Beyond. Also, early on as the phenomenon was emerging, it was apparent that juvenile sex offenders could not be described or, even less, understood by analogy with adult sex offenders (Letourneau and Miner, 2005). Finally, contrary to popular belief, the research consistently shows that sexual recidivism rates for juvenile sex offenders are very low (Nisbet, Wilson and Smallbone, 2004; Reitzel and Carbonell, 2006; Caldwell, 2007). In fact, juvenile sex offenders are more likely to have prior non-sexual convictions than they are to have prior sexual offence convictions. They are also more likely to reoffend in non-sexual ways. This suggests that for a large portion of juvenile sex offenders, the problematic sexual behaviour may have more to do with a tendency towards general delinquency than with deviant sexuality per se or, as Christodoulides et al. (2005:38) tersely state: “One of the most significant predictors of juvenile sexual offence recidivism is delinquency”.

Beyond these clear findings, the search for specific profiles of juvenile sex offenders, with set identifiable parameters, remains elusive. In fact, research data is complex, often ambiguous, if not contradictory. Rasmussen (2005) applies a sensible approach, emphasising various subtypes of juvenile sex offenders, both clinically and empirically derived, and argues for a multidimensional framework. Given the vast amount of research data available, only the more tangible elements (or those having historical weight) that emerge from scholarly research and specialised literature are succinctly reviewed hereafter.

One of the earliest and most enduring classifications divides juvenile sex offenders, just like adult sexual offenders, between child molesters

42. Sexual abuse carried out by female children and adolescents, indeed women as a whole, has recently commanded more scientific attention (e.g., Kubik, 2002; Bumby and Bumby, 2004; Giguere and Bumby, 2007). Tardif (2001) provides an analysis of what she coins the “ultimate taboo” and the reasons for the comparatively modest attention it has received. For Hunter and Mathews (1997, cited by Giguere and Bumby, 2007:3): “[T]he lack of public and professional cognisance of female sexual offending and its detrimental effects serves to deprive both the victims and the females who perpetrate against them of needed and professional support and intervention”.
and rapists, thus emphasising an interest in younger victims as opposed to same age or older victims (Knight and Prentky, 1993). This simple dichotomy is still apparent in recent publications, such as Hart-Kerkhoffs et al. (2009) or even Finkelhor, Ormrod and Chaffin (2009). The latter authors report that juvenile sex offenders, especially younger than 13-14 years old, are much more likely than adult sex offenders to target young children as their victims. Adult sex offenders are more attracted to pubescent victims age 13 or older, as are youth 15 and over. Both of these age categories tend to carry out the more severe aggressions. Compared to adults, juvenile sex offenders as a whole, but even more so for the children under the age of 12, target proportionally more male victims (in absolute numbers female victims remain a clear majority). Among the younger juvenile sex offenders, there is also a higher proportion of females. Finally, 5% of the juvenile sex offenders are younger than 9 years and 16% are younger than 12 years.

The families of juvenile sex offenders have been scrutinised in an attempt to detect factors that explain their offsprings’ offensive behaviour. One of the most studied aspects of sexual aggression is its possible association with the perpetrator’s own history of child sexual abuse, the so-called victim-to-offender cycle. And, indeed, research suggests that juvenile sexual offenders, especially male, and in particular child molesters, present high victimisation rates by family members (and, less often, by extrafamilial predators). Many reports also point to the deleterious influence of physical violence and abuse. Ryan et al. (1996, cited by Borowsky, Hogan and Ireland, 1997), in a study of more than 1,600 juveniles in treatment programmes for sexual offences, found that 42% had been physically abused, 39% sexually abused and 63% had witnessed family violence. Children who grow up in abusive family environments are at risk for a multitude of reasons, including the modelling of the behaviours they witnessed, skewed interpersonal relationships, lower empathy and so forth, all of which can relate in negative ways to inappropriate sexual interactions. While not an unequivocal risk factor, traumatic childhood experiences certainly do not help young people attain
psychological and social adjustment. Righthand and Welch (2005) indicate that some samples of juvenile sex offenders have been found to come from families who present high prevalence rates of significant stress, dysfunction, instability, substance abuse, psychopathology and criminality.

Knight and Prentky (1993:50) note that a large proportion of their sample was defined by low social competence, social deficits being among “the most common characteristics attributed to adolescent sex offenders”. Isolation from their peers, the inability to create and maintain close ties, shyness and other ingredients help explain why at-risk juveniles approach younger victims compared to whom they feel more skilled and apt to manipulate. Indeed, Smith et al. (2005:99) write that the:

- overall picture of the high-risk juvenile male offender that emerges … is of a shy, awkward adolescent boy who engages in a good deal of sexual fantasies of all kinds and a great deal more impersonal and sadomasochistic fantasies than other offenders and who has a problem controlling aggressive impulses. His family is less supportive and warm, and given his social disabilities, he may find himself more comfortable with younger children whom he can dominate and with whom he can feel more comfortable – consistent with the finding … that the offender is often older than his victim.

In fact, clinical experience and numerous faits divers bear witness to the notion that many adolescent sexual offenders are loners, spend major time periods just hanging out, detached from meaningful relationships and without an emotional support group they can lean on when experiencing distress. Both male and female students with the highest suicide risk behaviour are significantly more likely to perpetrate sexual violence. Conversely, Borowsky, Hogan and Ireland (1997) indicate that males who were emotionally healthy and connected with friends and other people are much less likely to perpetrate sexual violence. They examined protective effects, and, after controlling for other variables, emotional health and connectedness with friends and adults in the community, including school,
church and police personnel, emerge as significant protective factors against sexually aggressive behaviour among male adolescents. They note as well that previous studies of resilience in youth consistently identify a caring relationship with a competent adult as a critical protective factor for children and adolescents, especially for those young people living in dangerous or non-nurturing homes and neighbourhoods.

While deviant sexual arousal is more clearly established as a motivator of adult sexual offending, particularly as it relates to paedophilia, a minority of sexually abusive youth manifest established paraphilic (deviant) sexual arousal and interest patterns (Hunter, 1999). These arousal and interest patterns are recurrent and intense, and relate directly to the nature of the sexual behaviour problem (such as sexual arousal to young children) (Righthand and Welch, 2005).

Among other significant characteristics of juvenile sexual offenders associated with increased risk of an adolescent committing a sexual offence, the specialised literature cites violence among family members, absence of a father or father figure in the household, criminal behaviour by members of the family, poor parenting techniques, emotional neglect, poor self-esteem, impulse control problems, substance abuse, high consumption of pornography, problems at school and antisocial tendencies. Worling and Langstrom (2006, cited by Schladale, 2010) identify the following risk factors in the context of current research generated evidence:

- **empirically supported risk factors**: deviant sexual interest; prior criminal sanctions for sexual offending; sexual offending

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43. Cyrulnik (2002) has written eloquently about the notion of *a tuteur* (a French word borrowed from gardening vocabulary, but also referring to the pedagogical concept of *tutor*), meaning the (human) pole along which the plant can grow upwards.

44. Pornophagia (Guéniat, 2010) or the often observed voracious consumption of pornography, in particular via the Internet, has a dual effect on children and adolescents. On the one hand, it provides inappropriate models of gender relations and lowers the inhibition threshold to act out. On the other hand, children and adolescents spend considerable time alone without adult supervision, and become socially detached and maladroit.
against more than one victim; sexual offending against a stranger victim; social isolation; and uncompleted offence-specific treatment;

- **promising risk factors:** problematic parent-adolescent relationship; and attitudes supportive of sexual offending;

- **possible risk factors:** high-stress family environment; impulsivity; antisocial interpersonal orientation; interpersonal aggression; negative peer associations; sexual preoccupation; sexual offending against a male victim; sexual offending against a child; threats, violence or weapons used in sexual offence; environment supporting reoffending.

### Trends in the treatment and management of juvenile sex offenders

In recent decades, there has been a marked shift in many countries towards dealing with juvenile sex offenders and even children and adolescents who present problematic sexual behaviour, in a more punitive fashion. As Chaffin and Bonner (1998:315) insist, in the context of “emotionality and zeal surrounding sexual abuse and sex offenders as well as with the positions of power we assume in treating coerced patients under the auspices of official authority, [we should be alerted] to the potential for harming youthful patients by swatting flies with sledge hammers”. While this evolution is in part driven by the need to find more optimal public safety responses to the issues posed by these children and adolescents, notably dangerousness and recidivism, it is also clear, along with Bumby (2006:1), that “… an exclusive reliance on punishment-oriented and surveillance-driven approaches has a limited impact on enhancing community safety. … When offender management strategies include a rehabilitative

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45. To a large extent, this evolution mirrors society’s debate affecting adult sex offenders. For example, in 2004, Swiss voters approved a citizen’s initiative calling for a constitutional amendment requiring lifelong institutional commitment for adult sex offenders considered, under extremely restrictive conditions, to be dangerous or not amenable to treatment.
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focus, the outcome is much more promising”. Progressively, a more balanced approach is currently emerging, one that integrates judicial monitoring and therapeutic intervention (Jaffé and Niveau, 1997), increasingly delivered through co-ordinated services in the community (Schladale et al., 2007).

While the overall objective is the interruption of the reprehensible sexual behaviour, the least restrictive and costly treatment settings (among various degrees of residential or community environments) must be retained and calibrated to fit the therapeutic needs of offenders while meeting public safety concerns. This can be achieved only if, in a given national or cross-national jurisdiction, the appropriate facilities and resources exist and are staffed by competent and highly specialised staff. In addition, these specialists must be capable of working with an interdisciplinary mindset, at the juncture of the judicial, social and psychotherapeutic fields (Zermatten, 2010).

As Miner et al. (2006) point out in their international standards of care for juvenile sex offenders, and as Bumby (2007) insists, assessment is a core task, central to the successful management of juvenile sex offenders. In specific terms, careful professional assessment helps to: (1) determine the child or adolescent’s risk factor and the level of monitoring necessary in the community or the degree of residential security; (2) comprehensively identify the characteristics of the child or adolescent that require a psychotherapeutic focus, as well as its intensity; (3) gain an understanding of the person’s overall strengths and weaknesses; and (4) provide a complete picture of the social and familial support systems that will support the therapeutic gains and transform the treatment interventions into stable lifelong prosocial behaviour patterns.

Two intertwined challenges confront treatment providers working with juvenile sexual offenders. Firstly, treatment, at least in its initial stages, is usually provided on an involuntary basis. Indeed, very few sex offenders enter the therapeutic universe without strong judicial injunctions. Secondly, the negative attributions applied to juvenile sex offenders are such that many treatment providers focus
almost exclusively on the problematic characteristics of the offenders’ behaviour and do not sufficiently take into account and harness their qualities and strengths. These are also the very reasons why the management of sexual offenders shows greater promise in community settings, instead of in residential settings where they are labelled and stigmatised for their sexual behaviour, and not recognised as persons in highly delicate developmental projects seeking to regain a solid footing in society.

Carefully designed treatment interventions are gaining considerable traction, especially since research is demonstrating its effectiveness at significantly reducing recidivism (see for example the meta-analysis by Reitzel and Carbonell, 2006). Nisbet, Rombouts and Smallbone (2005) refer to Ryan’s (1999) sense of “evolving consensus” among treatment providers who use the “sexual abuse cycle” as a framework for conceptualising the abusive pattern and the need to address the offending by targeting the pattern of fantasy, planning, victim selection, grooming, access and opportunity, sexual arousal and reinforcement, distortions and rationalisations, decision making, secrecy and denial.

Probably the most promising approach for community intervention in terms of results, measured by lower recidivism rates, is multisystemic treatment or MST. Developed by Borduin and Schaeffer (2001), MST is an intensive family- and community-based treatment that addresses the multiple factors of serious antisocial behaviour in juvenile sex abusers. Treatment can involve any combination of the individual, family and extra familial factors. MST promotes behaviour change in the young person’s natural environment, using the strengths of family, peers, school and neighbourhood to facilitate change.

Current specialised treatment interventions, both in the community and in residential settings, are overwhelmingly inspired by cognitive-behavioural, social-learning and relapse-prevention models.

According to Bumby (2006:3), the primary goals of sex offender treatment are for individuals to:

- take responsibility for their behaviours, develop the necessary skills and techniques that will prevent them from engaging in sexually abusive and other harmful behaviours in the future ... [Gain an understanding of] the inter-relationship between thoughts, feelings, and behaviours, their impact on one's conduct, and then developing more healthy thinking patterns and appropriate ways of managing emotions. And within the relapse prevention framework ... identify the risk factors or triggers that are associated with an individual's sexually abusive behaviours and subsequently develop healthy coping skills to address those risk factors.

In some rare well-equipped treatment centres, practically à la carte psychotherapeutic programmes for individual profiles can include clinical interventions as diverse as confronting cognitive distortions, teaching the social skills necessary to engage in healthy interpersonal relationships, sparking and nurturing empathy towards victims and so forth. Yet, across most countries, there is a dearth of resources, know-how and trained professionals.47

Regardless of the quality of the resources available, managing and treating juvenile sex offenders, especially in community settings, is a delicate affair which requires strong collaboration between different agencies and stakeholders, including the judicial system, child protection services, victim advocates, law enforcement officials, probation services, school authorities and many more (Carter and Morris, 2007).

**Some final thoughts**

In Western societies, adult sex offenders who victimise children have achieved a status similar to that of demons in the Dark Ages of our

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47. As a source of best practice for francophone professionals and policy makers, a major information database, still in its early stages, is being set up. It will provide up-to-date research and clinical data regarding treatment of juvenile sex offenders: see <http://www.disno.ch>.
civilisation. Child and adolescent sex offenders have been teetering on the edge of this primitive classification for some time, mostly because little was known about them and their numbers turned out to be greater than suspected. As with adult sex offenders, punishment and incapacitation were, and often still are, invoked in the name of public safety, with short shrift afforded to even reasonable rehabilitative projects.

In recent years, a more accurate and scientific picture has emerged from a large body of research on the phenomenon of child and adolescent sexual abusers and there is cause for optimism. Indeed, the very notion that juvenile sex offenders will with certainty become adult sex offenders has been laid to rest. Moreover, effective evidence-based cognitive-behavioural, social-learning and relapse-prevention treatment programmes are now being proposed, many of which have proved to be significantly effective with juvenile sex offenders. In addition, these programmes operate with very low levels of risk within the community. While punishment and incarceration remain the favoured social and political options, there are some indications that we are slowly moving away from a simple risk-management stance towards a more holistic rehabilitative one that, while maintaining public safety, seeks to build on the resilience, potential, strengths and positive qualities of children and adolescents engaged in complex developmental tasks.

Several major challenges still lie ahead. First, the interdisciplinary and multi-agency frameworks need vast improvement in order to better co-ordinate and thus maximise the distinct yet complimentary contributions made by the judicial/law enforcement and therapeutic/social services professional spheres. Unfortunately, the social and political will to achieve this is lacking in many national jurisdictions, even though some frontline specialised professionals, recognising the gains for society and juvenile sex offenders alike, are pressing ahead as best they can.

The second challenge relates to the social prism through which juvenile sex offenders are observed. Despite the undeniable damage that
child and adolescent sexual abusers cause their victims, there is consider- able hypocrisy surrounding this issue. Juvenile sex offenders themselves are a clearly identifiable category of victims. This is borne out by the high prevalence of sexual abuse within their ranks and by their many developmental difficulties linked to inadequate parenting. While there should be no hierarchy of victims, when it comes to choosing between funding the creation and training of specialised staff to manage and treat juvenile sex offenders, or funding measures to deal with child abuse victims, the latter often takes precedence. However, both groups should be priorities. Policy makers should also be reminded that, although recidivism rates are rather low, better programmes for juvenile sexual offenders will reduce the number of future victims.

Finally, civil society must challenge its own prejudices and recognise fully that children’s rights apply to all children without distinction, including juvenile sex offenders. Society as a whole should be doing its best to rehabilitate them.

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