

# General Characteristics of Child Sexual Offenders in Hatay, Turkey

## Hatay'da Çocukluk Çağı Cinsel İstismarcılarının Genel Karakteristikleri

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### Abstract

**Objective:** Child sexual offenders are a poorly studied and relatively neglected population in our country. This study aims to evaluate the relationship between criminal behavior and socio-demographic characteristics of a series of child sexual offenders.

**Materials and Methods:** The records of social worker interviews with 48 child sexual offenders between 2009 and 2013 were used. The reports issued by social workers regarding child sexual offenders were retrospectively examined, since these reports were relatively the most thorough documents including offenders' personal and familial characteristics, and criminal event information. Cases were investigated in terms of socio-demographic and psycho-social characteristics.

**Results:** There were 48 children interviewed based on an alleged sexual crime, during four-year of study period. All of the cases were male and their ages ranged between 12 and 17 years. Of these, 50% were students at any grade of school. Five cases were living in social service facilities. Only two cases involved incest. Of all, three offenders were accused of repeated sexual crimes. Type of sexual assault was anal penetration in 20 (41.7%) cases. Of all cases, 19 were cigarette smoker, while 4 were drug abusers. The families of 12 (25%) cases suffered from low socio-economic status, while 23 (47.9%) offenders were members of broken families. According to social worker reports, 47 cases had criminal responsibility based on their psychosocial development. Out of all cases, 7 children were suspected of suffering from impulse control disorder and one was suspected to be mentally retarded. Twelve cases were reported to need consulting and social protective services.

**Conclusion:** The rate of offenders with interrupted education was considerably high. Interestingly the number of male victims and the frequency of cases involving anal penetration were high. Obtained results suggest that male children of broken and scattered families, and particularly those lacking father's supervision were more likely to commit a sexual crime.

**Keywords:** Sexual crime, child sexual offender, broken family

### Öz

**Amaç:** Cinsel saldırı sanıkları yeteri kadar tanımlanmayan ve rapor edilmeyen bir konudur. Biz bu çalışma ile çocukluk çağı cinsel istismarcılarının sosyodemografik özellikleri ile suç ilişkisini incelemeyi amaçladık.

**Gereç ve Yöntem:** Sosyal hizmet uzmanlarının 2009-2013 yıllarında 48 olgu ile yaptıkları görüşmeler sonrasında düzenledikleri raporlar retrospektif olarak incelenmiştir. Çalışma için bu raporların tercih edilmesinin nedeni ise sanıkların bireysel, ailevi özelliklerini ve suç ile ilgili bilgileri içeriyor olmasıdır. Olguların sosyodemografik ve psikososyal özellikleri araştırılmıştır.

**Bulgular:** Dört yıllık sürede cinsel suç işlediği iddiası ile görüşme yapılan olgu sayısının 48 olduğu belirlendi. Sanıkların yaşları 12 ile 17 arasında ve hepsi erkek cinsiyetinde idi. Olguların %50'si eğitime devam etmediği saptandı. Olguların sadece 2'sinde ensest öyküsü vardı. Sanıkların 3'ünde suç tekrarı olduğu belirlenmiştir. Cinsel eylem türü olarak 20'sinde (%41,7) fiili livata olduğu iddia edilmiştir. Sanıkların 19'u sigara, 4'ü drug kullandığını belirtmiştir. 12 ailenin (%25) ekonomik durumu bulunduğu çevre koşullarına göre yetersiz olduğu kanaatine varılmıştır. Dağılmış aile öyküsü olan 23 olgunun (%4,9) 15'inde babadan ayrı yaşadıkları, üç olguda babanın ölmüş olduğu saptanmıştır. Sosyal hizmet uzmanının görüşüne göre olguların 47'si psikososyal gelişim olarak yapılan eylemin farkında oldukları bildirilmiştir. Olguların 7'sinde dürtü kontrol bozukluğu ve 1 olguda zekâ geriliği olabileceği belirtilmiştir. Diğer olgularda arkadaş çevresinden etkilenme ve dağılmış ailenin suç işlemede önemli etkenler olduğu kanaatine varılmıştır. 12 çocuk için danışmanlık hizmeti veya koruma tedbirinin uygulanması gerektiği bildirilmiştir.

**Sonuç:** Sonuç olarak çalışmamızda; cinsel suç işlediği iddia edilen çocuklarda eğitimi devam etmeme kararı verenlerin oranı yüksek bulunmuştur. Erkek mağdurların ve fiili livata eylemi oranının yüksek bulunması dikkat çekici bulunmuştur. Dağılmış aile ve özellikle babanın olmadığı ailelerin erkek çocukları cinsel istismar suçu işlemeye daha yatkın olduğu tespit edilmiştir.

**Anahtar Kelimeler:** Cinsel suç, cinsel saldırgan çocuklar, dağılmış aile

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## Introduction

There is an increasing number of researches regarding the effects of child sexual offenders' personal and familial characteristics, and socio-economic status on their criminal behavior [1-6].

Literature regarding sexual offenders reveals that approximately 20% of the sexual offenders are younger than 18 years of age [1]. Child sexual offenders are reported to be responsible from 5-15.4% of rapes and 17% of other sexual offenses. One third of sexual offenses against children were committed by a child sexual offender and most of them were boys between the ages of 12 to 15 years [1]. The ratio of child sexual offenders increases to 33-40% by including those aged up to 21 years [7-9].

In USA, child sexual offenders are responsible for 16.4% of all rape cases and 18.6% of other sexual offenses. Additionally, 6.4% of rapes and 9.7% of other sexual offenses are committed by children younger than 15 years of age. Interestingly, there are offenders even as young as 10 years old [10]. Types of sexual offenses committed by children are similar to those committed by adults, and the most common sexual crimes are fondling (59%) and rape (23%) [10].

Regarding the etiology of sexual crimes, adults are taken as role models and criminal behaviors are affected by social, biological and psychological factors [1]. It is reported that there is a relationship between criminal act and personal and familial characteristics, and socioeconomic factors [1].

To the best of our knowledge, there is no study dealing with the general characteristics of child sexual offenders in our country. Therefore, we aim to investigate the relationship between the general characteristics of child sexual offenders and sexual crime, for the first time.

## Materials and Methods

The records of Directorate of Social Services of Hatay Province issued regarding child sexual offenders were used. Reports of social workers regarding child sexual offenders, and personal and familial records issued between 2010 and 2013 were retrospectively investigated.

Data about age, gender, education, alleged crime, drug abuse and socio-economic status of family were recorded for each case. Statistical analyses were performed using SPSS 16.0 for Windows. (IBM; New York, USA) A p value less than 0.05 was considered significant.

## Results

During the study period, 48 child sexual offenders who were assessed by social service. All of them were male and their ages ranged between 12 and 17 years. Thirty (68.75%)

cases were older than 15 years of age; of these, 17 were at the age of 16, while 16 offenders were 17 years old. Half of the cases (n: 24) were continuing the school at any degree, while half of them (n: 24) had interrupted their education. As a result of social worker interview, 7 children were suspected to have impulse control disorder and 1 was suspected to be mentally retarded. Remaining cases were considered mentally normal. Twelve cases were reported to need consulting and social protective services.

Out of all, 83.3% (n: 40) cases were accused of rape. Of these rape cases, 19 (19.6%) involved anal penetration (sodomy) of boys, and one (2.1%) was sodomy to a girl, while 20 (41.7%) were rape to a girl. The types of sexual acts committed by studied population are shown in Table 1. Out of all offenders, 91.7% (n: 44) knew their victims and two of them were incest relations.

Regarding the substance abuse history of offenders, 58.3% (n: 28) of cases stated that they do not smoke, drink alcohol or use illicit drugs. Of all, 15 offenders had only cigarette smoking addiction, while four were using illicit drugs, and drinking alcohol in addition to smoking, and one was only cannabis user (Table 2).

Parents of 52.1% (n: 25) cases were alive and living together as an intact family, while remaining were children of broken or scattered families (Table 3).

In 18 of 23 broken families, the child was growing without father. All of the cases were living in places with poor income around the city, besides social workers reported that 75% (n: 36) of families had low-middle level of income. On the other hand, their monthly incomes of them were middle-income level, while remaining families had low monthly incomes. The

**Table 1. Types of sexual acts committed by child sexual offenders**

Crime types	n	%
Rape		
➤ Anal penetration to a boy (Sodomy)	19	39.6
➤ Rape to a girl	20	41.7
➤ Anal penetration to a girl (Sodomy)	1	2.1
Touching a girl	7	14.6
Touching a boy	1	2.1
Total	48	100

**Table 2. Distribution of offenders in terms of substance use**

Substance abuse	n	%
None	28	58.3
Smoking	15	31.3
Smoking-alcohol-drug	5	10.4
Total	48	100.0

**Table 3. Family status**

Family status	n	%
Parents were divorced	9	18.8
Mother is dead	5	10.4
Father is dead	3	6.3
Father works and lives abroad*	6	12.5
Parents are together	25	52.1
Total	48	100.0

\*Father works abroad and only comes and sees his family on vacations

number of siblings of the offenders ranged between 2 and 19, with an average number of 4.49.

## Discussion

Sexual offenders are not always adults. There is an increasing number of child sexual offenders who are responsible for many sexual crimes against children. The average age of child sexual offenders was reported to be about 14 years [11]. A study from United States of America revealed that children are responsible for 16.4% of rapes and 18.6% of other sexual offenses. Additionally, 6.4% of rapes and 9.7% of other sexual offenses are committed by children less than 15 years of age. There are offenders even as young as 10 years old [10]. In USA, of all children and adolescents who were charged with committing sexual assault, 28% were between 12 to 14 years, 37% were between 15 to 17 and the remaining 42% were between 18 to 20 years of age [1, 12]. In our series, ages of offenders were between 12 and 17 years, while most of them were at the age of 16 and 17. Studies previously conducted in our country showed that about 21.4% to 29.6% of all sexual offenders were children [11, 13, 14]. In a report of 12 cases, ages of the offenders ranged between 10 and 15 years [15]. Studies on female adolescent sexual offenders are limited. These group of offenders are mostly younger than 12 and they mostly have history of previous sexual abuse [16, 17]. Similar to the literature, all of our cases were male and there were no female offenders in the presented series.

Child sexual offenders are reported to suffer from certain problems during their educational life. The literature revealed that they have at least one of the problems out of inappropriate behaviors, nonattendance and learning difficulties. Therefore, approximately half of child sexual offenders fail their class at least once [18]. In accordance with the literature, similar problems and interruption of education were observed to be common in our series, as well.

Another study showed that sexual offenders have an IQ slightly under average values. Mild and moderate mentally retarded offenders were prone to commit non-violent acts [19-21]. In the present study, half of our cases (n: 24) had suc-

ceeded to complete primary education. Only one case was considered to be mentally retarded. This finding supports the literature data indicating the educational problems of child sexual offenders. Authors suggest that children with normal mental health and ongoing education are aware of the consequences of such criminal acts, and might control their impulses.

Child sexual offenders have been reported to commit a broad range of sexual crimes from exhibitionism to rape [10, 15]. The rate of rape and penile penetration increases with the increasing age of offender and victim [1]. In the present study, the rate of rape (83.3%) was remarkably high. Based on the literature data, we attributed the high rate of rapes and penile penetration to the high rate of relatively older offender population in our series, since 68.75% of the offenders were at 16 or 17 years of age. On the other hand, 39.6% of rapes were against males and involved anal penetration. Turkish society is more protective for girls; furthermore, girls are mostly not allowed to spend time outside and in public places, while boys are freer. This social behavior makes boys easily reachable compared to girls.

Studies dealing with psycho-social statuses of child sexual offenders revealed that these individuals are affected by lack of social communication skills, behavior and impulse control disorders, mood disorders, attention deficit, and depressive symptomatology [22]. A study by McElroy et al. [23] showed that the most common psychiatric problem was drug addiction (83%) followed by paraphilia (58%), impulse control disorders (39%), anxiety disorders (36%), mood disorders (22%), and eating disorders (17%). In this population, alcohol and substance abuse rates vary between 6-72%, which is reported to be ineffective on sexual crime behavior because of wide range of involvement [1, 10]. A study previously conducted in our country showed that out of 12 cases, four offenders were cigarette smokers while one was volatile abuser [15]. However, in our series 31.3% were cigarette smokers, while 10.4% was alcohol and drug user.

There are studies dealing with the relationship between individual and family characteristics, and socioeconomic status of child sexual offenders. The dominance of familial risk factors such as parents' perversion, being victim of physical and sexual abuse, dependency to parents have been indicated [24]. Family members of child sexual offenders with behavioral and emotional problems were reported to suffer from similar problems [1]. These families are mostly broken and suffer from domestic violence, poor relationship of parent and children, and parental history of being abused. Therefore, the importance of interaction within the family is emphasized in this issue [10, 11]. Another study indicated the low educational level of mothers of adolescent sexual offenders [25]. Accordingly, a study from Turkey also revealed low educational levels of parents and socioeconomic levels of families [15]. Studies suggesting broken families as the

key risk factors showed that overwhelming majority of child sexual offenders were living with only one parent, while only 16-30% of the offenders were from intact nuclear families [18, 26]. Another study revealed that half of the offenders were from intact families [1]. In accordance with the literature, a great majority of child sexual offenders were from broken families, in the present series. Furthermore, the absence of father in 23 cases was remarkable in our study. In broken families, the lack of parental supervision and authority might strongly facilitate children involvement in crimes.

The main limitation of the present study was the lack of psychiatric evaluations of sexual offenders. Children had only assessed by a social worker not a child-adolescent psychiatrist, due to prosecution steps.

In conclusion, the age, gender, poor education and socio-economic status were similar to the literature. Interestingly the number of male victims was higher compared to the related literature. Additionally, obtained results suggest that male children of broken and scattered families, and particularly those lacking father's supervision were more likely to commit a sexual crime.

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## References

- Pratt HD, Greydanus DE, Patel DR. The adolescent sexual offender. *Prim Care* 2007; 34: 305-16. [\[CrossRef\]](#)
- Matthews R, Hunter JA, Vuz J. Juvenile female sexual offenders: clinical characteristics and treatment issues. *Sexual Abuse: A Journal of Research and Treatment* 1997; 9: 187-99. [\[CrossRef\]](#)
- Looking forward in records of young adults convicted of sexual homicide, rape, or molestation as youth: risks for reoffending. *Psychol Rep* 2009; 104: 155-84. [\[CrossRef\]](#)
- Fanniff AM, Becker JV. Specialized assessment and treatment of adolescent sex offenders. *Aggression and Violent Behavior* 2006; 11: 265-82. [\[CrossRef\]](#)
- Seto MC, Lalumière ML. What is so special about male adolescent sexual offending? A review and test of explanations through meta-analysis. *Psychol Bull* 2010; 136: 526-75. [\[CrossRef\]](#)
- Worling JR, Långström N. Assessment of criminal recidivism risk with adolescents who have offended sexually: A review. *Trauma Violence Abuse* 2003; 4: 341-62. [\[CrossRef\]](#)
- Robertello G, Terry K.J. Can we profile sex offenders? A review of sex offender typologies. *Aggression and Violent Behavior* 2007; 12: 508-18. [\[CrossRef\]](#)
- Oates K. Juvenile sex offenders. *Child Abuse Negl* 2007; 31: 681-2. [\[CrossRef\]](#)
- Oliver BE. Three steps to reducing child molestation by adolescents. *Child Abuse Negl* 2007; 31: 683-9. [\[CrossRef\]](#)
- Becker JV, Hicks SJ. Juvenile Sex Offenders: Characteristics, Intervention and policy issues. *Ann NY Acad Sci* 2003; 989: 397-410. [\[CrossRef\]](#)
- Akçan R, Çekin N. Juvenile Sexual Offenders. *Journal of Forensic Medicine* 2011; 25: 49-70.
- Burton DL. Were adolescent sexual offenders children with sexual behavior problems? *Sex Abuse* 2000; 12: 37-48. [\[CrossRef\]](#)
- Dirlik M, Özkök MS, Katkıcı U, Erel Ö. Sexual crime and the profile of perpetrators in Aydın. *The Bulletin of Legal Medicine* 2002; 7: 97-104.
- Aydın B, Çolak B. Sexual crime cases those reflected penalty courts in Samsun. *The Bulletin of Legal Medicine* 2004; 9: 11-8.
- Göker Z, Aktepe E, Hesapçioğlu ST, Kandil ST. Children and Adolescents as Sexual Offenders: Case Series. *Klinik Psikiyatri Dergisi* 2009; 12: 141-6.
- Vandiver DM, Tekse R. Juvenile female and male sex offenders: a comparison of offender, victim, and judicial processing characteristics. *Int J Offender Ther and Comp Criminol* 2006; 50: 148-65. [\[CrossRef\]](#)
- Vandiver DM. Female sex offenders: a comparison of solo offenders and co-offenders. *Violence Vict* 2006; 21: 339-54. [\[CrossRef\]](#)
- Kahn TJ, Chambers HJ. Assessing reoffense risk with juvenile sexual offenders. *Child Welfare* 1991; 70: 333-45.
- Gilby R, Wolf L, Goldberg B. Mentally retarded adolescent sex offenders: A survey and pilot study. *Can J Psychiatry* 1989; 34: 542-8.
- Ferrara ML, McDonald S. *Treatment of the Juvenile Sex Offender: Neurological and Psychiatric Impairments*. Northvale, NJ: Jason Aronson, 1996.
- McCurry C, McClellan J, Adams J, et al. Sexual behavior associated with low verbal IQ in youth who have severe mental illness. *Mental Retardation* 1998; 36: 23-30. [\[CrossRef\]](#)
- Becker JV. What we know about characteristics and treatment of juveniles who have committed sexual offences. *Child Maltreatment* 1998; 3: 317-29. [\[CrossRef\]](#)
- McElroy SL, Soutullo CA, Taylor P, et al. Psychiatric features of 36 men convicted of sexual offenses. *J Clin Psychiatry* 1999; 60: 414-20. [\[CrossRef\]](#)
- Kobayashi J, Sales BD, Decker JV, Figueredo AJ, Kaplan MS. Perceived parental deviance, parent-child bonding, child abuse and child sexual aggression. *Sexual Abuse: A Journal of Research and Treatment* 1995; 7: 25-44. [\[CrossRef\]](#)
- Wijk AV, Vermeiren R, Loeber R, et al. Juvenile sex offenders compared to on-sex offenders: a review of the literature 1995-2005. *Trauma Violence Abuse* 2006; 7: 227-43. [\[CrossRef\]](#)
- Graves R, Openshaw DK, Adams GR. Adolescent sex offenders and social skills training. *International Journal of Offender Therapy and Comparative Criminology* 1992; 36: 139-52. [\[CrossRef\]](#)