

Chapter 6

Forensic Psychiatric Analysis of Juvenile Delinquency and Sexual Abuse Perspective

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ABSTRACT

This chapter describes how, although, sexual offenders commit sexual offences as a source of pleasure to themselves, sometimes with harm intended, the vast majority of victims endure long-lasting adverse impacts that affect them in all aspects of life. Juvenile delinquency has become much more prevalent, or more so known in the age of digital media and enhanced communication. Thus, the rapid evolution and revolutionized media has made the issue more known to the communities and society, as the families and stakeholders seek for reasons behind the rise of sexual assaults, and possible strategies to tackle the pandemic. Although, it has often been perceived as a maladaptive and learning related behavior, literature suggests that majority of the juvenile delinquents suffer from psychological and psychiatric disorders, from mild, moderate to severe psychiatric disorders. The most prevalent disorders found were: ADHD, substance abuse disorder, posttraumatic stress disorder (PTSD), depression, conduct disorder, FASD and oppositional defiance disorder to be the most prevalent among juvenile delinquents.

INTRODUCTION

In developmental perspective, adolescence period has long been observed as a difficulty stage behavioral wise, as the transition between childhood and young adulthood sinks in. The challenging changes that come along with adolescence are believed to be associated with hormonal change (Comer,2010) as part of biological factors. However, the psychosocial factors such as family structure and family dynamic, parenting, upbringing, together with environmental factors, play key role as precipitating or perpetuating factors in adolescents' ordinary or inappropriate reactions behavior, and sexual behaviors are not exception.

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Furthermore, juvenile delinquents exhibit high level of low self-esteem, and they often associate with street gangs, which increases a likelihood of more crimes including sexual abuse as well as factors associated with juvenile delinquency and potential sexual abuse remain varied, the evidence also suggests that some juvenile delinquents commit sexual abuse as (negative) coping skills (Cortoni & Marshall, 2001).

Over the past few decades, the hypotheses of association between criminal offending behavior and mental illness has exponentially evolved, to better understanding the juvenile delinquency phenomena and possible root causes and focus on prevention and effective treatment if needed. In this regard, studies (Ulzen & Hamilton, 1998; Collins et al., 2010) have conclusively suggested that juvenile delinquents exhibit high rate of psychiatric disorders and related externalizing disorders. This evidence also, corroborates with the key findings in a number of research pertaining to juvenile delinquency and mental disorders, suggesting that this category of people suffer multiple psychiatric disorders (Ulzen & Hamilton, 1998, 2003). Even more so complicated, when there is any preexisting developmental or neurological disorders associated with impulsivity, and social cognitive deficit such as fetal alcohol spectrum disorders (FASD) and alike (Popova et al., 2015).

Thus, sexual assaults or sexual abuse related violence behavior become a strategy to deal with different pre-existing mental health conditions, or simply use of violence of any kind, as source of pleasure as research has suggested (Porges & Decety, 2013).

It is also important to remember that one of the key characters in juvenile delinquency and their anti-social characteristic, is “coercive” and violent behavior, such as purse snatching, property damaging in “break-and-enter” offences, hence sex is not an exception. Hypothetically, sexual abuse committed by juvenile delinquents can also be explained through the key clinical features of anti-social behavior, such as cruelty to human (Comer, 2010).

JUVENILE DELINQUENTS AND SEXUAL OFFENDING BEHAVIOR

Phenomenology

In general, sexual abuse has been largely studied, and evidence suggests a greater risk of developing psychiatric disorders, suicidal behavior, substance abuse, even chronic trauma to the victims, including children and young adolescents (Leserman, 2005).

The adverse consequences associated with sexual abuse also range from psychological problems, and medical or health conditions such as chronic pelvic pain and gynecologic disorders, abdominal pain and gastrointestinal disorders and more (Leserman, 2005, pp. 2-5).

Although, the paucity of literature in the field of sexual abuse committed by juvenile delinquents is noticeable, whereas a handful of empirical studies and research have been broadly done, to shed light on the prevalence of incidence, the evidence also suggests that reports and documentation on sexual abuse committed by juvenile delinquents hadn't been taken seriously until recently (Sandford, 2010).

It has been suggested that, roughly 2-4 adolescents in general population have committed sexual assaults, and up to 20% of reported cases of rape incidents were committed by adolescents (Knox, 2004). Even more alarming, up to 50% of the male juvenile delinquents, had committed child sexual molestation, either individually, or as a group, such as in case of gang initiations in some instances (Knox, 2004, p. 9)

Moreover, often, the sexual abuse or sexual offending crimes committed by juvenile delinquents, are sexual crimes offences against other minors. Thus, difficult to label them as “pedophiles” per se, as

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